Medical Tribune

and Medical News

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Government Proposal

Dr. Cooper Asks Hypotensive Drug Price Reduction

Medical Tribune Report

ATLANTA, GA.—Dr. Theodore Cooper, director of the National Heart and Lung Institute, in an unprecedented move, has called on pharmaceutical manufacturers to reduce the price of antihypertensive drugs.

"We want to put the arm on the pharmaceutical industry to reduce their costs for the basic medication," said Dr. Cooper, speaking at the Georgia Heart Association's 25th annual scientific session for physicians and professional nurses.

"We think the justification for that lies in the fact that we expect an increase in the market."

Dr. Cooper, director of the National High Blood Pressure Program, pointed to "overwhelming figures" that could be calculated, using the current estimate that puts the number of hypertensives in the country at 23,000,000. In current studies, he said, the cost to those who need medication runs about 40 cents a day, on the average, but goes as high as two and a half dollars or more for certain types of patients.

"I think it is worth repenting the formula by which the pharmacist—the middleman in many systems—reaches the figure paid at the drugstore for medication. Per prescription, there is a certain cost for the drug. But there is also a certain handling cost."

"A very common" handling cost is $2 per prescription, he said. "It doesn't really make any difference whether it is a very

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INSIDE THIS ISSUE

Animal Model Developed For Myelocytic Leukemia

Medical Tribune Report

ISE-SHIMA, JAPAN—The first primate animal model for human acute myelocytic leukemia has been developed by scientists at the National Cancer Institute in Washington, D.C., the sixth International Symposium on Comparative Leukemia Research was told here.

In addition, nonhuman primate models for two more human cancers were described here by Dr. Richard H. Adamson, of the NCI Laboratory of Chemical Pharmacology.

The owl monkey, cinnamon ringtail monkey, white-lipped marmoset, and cotton-top marmoset all develop lymphomas and acute lymphocytic leukemias, similar to those found in man, when inoculated with Herpes virus saimiri (HVS), Dr. Adamson said.

Human acute myelocytic leukemia developed in macaque monkeys after long-term, high-dose administration of a cytotoxic agent, procarbazine. They also developed lymphoma and hemangiosarcoma.

The acute lymphocytic leukemia found in the owl monkey after HVS inoculation, Dr. Adamson said, mimicked the disease in children, including its response to cytosine arabinoside or a combination of prednisone and vincristine. Symptoms of lymphoma disappeared in the same species when treated with cyclophosphamide.

Dr. Adamson said that he is evaluating the effect of human interferon on cancer in animal models.

Macaques were also the model for hepatic cancer caused by the mold aflatoxin B, the plant product cycasin, and three of the nitrosamines. Although diethylnitrosamine, dipropylnitrosamine, and 1-nitrosopiperidine all caused cancer, Dr. Adamson found that the diethylnitrosamine cancer most closely resembled the human disease; it responded to treatment with methotrexate and adriamycin, or gallium. Methotrexate has been in clinical test for liver cancer, but this observation is the first time that adriamycin or gallium has been used to treat this neoplasm.

Head of Dooley Foundation Says U.S. Ignores Medical Needs of Cambodia

Medical Tribune Report

NEW YORK—The president of the Thomas A. Dooley Foundation, the Southeast Asia medical mission, charged here that the U.S. Government is indifferent to the medical needs of bomb-ravaged Cambodia.

Angrily describing frustrated efforts to get money and medical supplies from Washington, Dr. Verne Chaney told a press conference that the medical situation in Cambodia is desperate, tragic, and "a disgrace."

The 50-year-old California surgeon, who has just returned from a three-month visit to Cambodia, said that scores of thousands of refugees in towns within a 100-mile radius of Phnom Penh, the capital, are without a single adequately equipped hospital. The overcrowded institutions, "with three and four patients to a bed," lack medicines, x-ray equipment, surgical instruments, and electrical generators, Dr. Chaney declared.

"They tell us in Washington that they've sent $180,000,000 in aid. I don't see what

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Winners Are Announced In Tribune Competition, Will Receive Dali Prints

Following are the first winning returns in the MEDICAL TRIBUNE Dali print sweepstakes:

ARIAS, HUGO, M.D.
800 Pershing Drive
Silver Spring, Md.

BAILEY, FREDERICK N., M.D.
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Upper Montclair, N.J.

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And Love His Countenance

How Dr. Strangeface Learned to Stop Drooling

By JAMES E. TURNER, M.D.
Memorial Hospital of DuPage County, Elmhurst, Ill.

AT PRECISELY 2 O'CLOCK on Thursday, June 14, while driving my van on a Minnesota vacation trip, I blinked and found that my left eye would not close. "Good heavens," I thought, "have I got Bell's palsy?"

Back at the motel, mugging the large wall mirror, I found the whole syndrome in full flower. The left upper eyelid was paralyzed in the open position, like an old window shade stuck at the top of its run. The mouth was askew, Jimmy Cagney style, producing problems in pronunciation, with sloppy sibilants and moistly explosive Porky Pig *p*'s. The cornea was anesthetic, and noises were at least twice as loud on the left as on the right. I was to find that barking dogs, sneezes, and motorcycles on the left would produce acoustic stimuli bordering on the painful.

I quickly checked the other cranial nerves and found no positive signs. It appeared, then, that I did not have some exotic tumor, such as an acoustic neuroma or carcinoma of the nasopharynx. (As a radiation therapist, I suffer from at least one new neurotic neoplasm each year.) I recalled having slept in the motel in the draft of the air conditioner for the previous three nights and hoped that this chilling of my face was the real cause of my seventh-nerve palsy.

I got soma methyl cellulose eyedrops and flesh-colored stick-on eye patches at the local pharmacy and, attired as Captain Hook, managed to drive 600 miles home. It is true that parallax of moving objects, perspective, relative size of objects, and

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Early Diabetes Affects Nerves, EMGs Indicate

Medical Tribune World Service

BRUSSELS—Nerve conductivity is appreciably slowed even in borderline diabetes, a Japanese research team told the eighth Diabetes Congress here.

Motor conduction velocity in the tibial nerve was tested in 424 subjects with abnormal glucose tolerance tests, 492 diabetics, and 244 normal persons. Maximum speed in the electromyographic studies was 50.4 M./second in the diabetics, 52.0 in the borderline cases, and 53.7 in the normals.

These results indicated that diabetic neuropathy should be considered a concomitant phenomenon and not a late complication, said H. Himei and H. Uehara, of Okayama Red Cross Hospital.

Radiogold Pituitary Implant Used For Diabetic Retinopathy

From Nancy and Paris

► Treatment of diabetic retinopathy with implantation of radioactive gold into the pituitary gland produces results comparable with removal or ablation of the gland, a group of French investigators reported.

The isotope was used in 27 patients, aged 20 to 65, who were observed for 36 to 50 months postoperatively. In 80 per cent of the patients, hemorrhaging decreased and exudate was reduced, with 37 per cent showing evidence of revascularization and 39 per cent better vision, the report said.

The investigators were G. Debry, J. Talnirach, E. Saudax, C. Schaub, and P. Drouin, of Nancy and St. Anne Hospital, Paris.

Three Main Syndromes Associated With Specific Pancreas Tumors

From Paris

► The three main syndromes associated with non-beta-cell tumors of the pancreas are the Zollinger-Ellison syndrome, glucagonoma, and pancreatic cholera, Prof. Serge Bonfils, of Hôpital Bichut, Paris, told a panel on islet-cell tumors.

The Zollinger-Ellison syndrome is the most frequent, he said, and may occur alone or as part of a polyadenomatosis syndrome. In his own experience, 13 of 53 cases were polyadenomatosis-associated.

Goats Vaccinated for Brucellosis

WHO Photo

In a campaign to end epidemics of brucellosis, or Malta fever, among the human population, the health authorities of Peru have launched a vast operation to vaccinate hundreds of thousands of goats, the primary source of infection.

Macrovascular Problems Offset By Blood Pressure Control

From University of Tokyo

► Macrovascular complications of diabetes are better offset by weight and blood pressure control than by reducing hyperglycemia, according to a Tokyo team.

A five-year study of 373 diabetics (150 for 10 years) showed little correlation between success of therapy with insulin or oral drugs and development of hypertension or electrocardiographic signs of heart disease.

Retinopathy, however, was favorably influenced by good diabetes control.

Coauthors were Eishi Miki, Takehido Ide, Yasuo Akamma, Hiroshi Kajimmin, Yasunori Kumazawa, Hiroyuki Sando, Masuki Hazashi, Takeshi Kuzuya, and Kinori Kosaka, of the University of Tokyo.

Sluggish Insulin Response Tied To Early Signs of Neuropathy

From Tokyo

► Another Tokyo team reported that sluggish insulin response to glucose loading correlates well with early signs of neuropathy in borderline diabetics.

Whether gauged by pupil reflex, vibratory sensing, residual urine volume, or motor nerve conductivity, a steady progression of neural deficit from the normal to the borderline to the outright diabetic was discerned.

A defect seen in any of the tests was almost invariably accompanied by an inhibited insulin output 30 minutes after glucose. The neuropathy also correlated well with retinopathy, said Akira Horiuchi, Shinichi Kitamura, Goji Tanaka, and Kenpei Matsuoka, of Saiseikai Central Hospital.

If Passenger May Have Cholera, Look at His Face, Not His Card

Medical Tribune World Service

GENEVA, SWITZERLAND—Dr. Dhiman Barua, medical officer at the World Health Organization and former director of the Cholera Hospital in Calcutta, speaking of cholera and border controls, said:

"You don't look at the yellow health card of a passenger coming in from a country with cholera; you look at his face. If he looks ill you ask questions, and if he has diarrhea you test his stool for Vibrio. It is very simple."

Computer May Be Pandora's Box for Medicine

Medical Tribune World Service

GHENT, BELGIUM—The computer may prove to be a Pandora's box of negligence litigation in the health-care field, a Canadian insurance official warned here.

Lorne Elkin Rozovsky, departmental solicitor for the Nova Scotia Hospital Insurance Commission in Halifax, told the third World Congress on Medical Law that thus far there has been almost no such litigation but that at least one Canadian court has given indication of what may be in prospect.

The court stated that "it is incumbent on the person using such new techniques [as the computer] to exercise not only reasonable care as ordinarily required but to exercise very great care, if not the greatest care possible."

Negligence in connection with computer use could arise in several ways, Mr. Rozovsky said:

- Errors could be made in the programming of the computer, in the input of information, and in the request for information output.
- Litigation could arise out of injury allegedly caused by the improper utilization of the computer.
- Negligence litigation could arise out of an error of malfunction of the computer itself.

"This last instance," Mr. Rozovsky pointed out, "can be especially serious where the computer is used directly or indirectly for therapeutic intervention. Such purely mechanical problems could attach liability to the owner of the computer, the manufacturer, the seller, or the user."

Another problem area would be that of using computer output as evidence in court in place of the currently used original medical records.

"Because computerized medical records are unsigned and are not yet well known in the judicial setting, the courts may be reluctant to accept them in lieu of original documentation," Mr. Rozovsky said.

"There is also the problem of data banks' being open to constant subpoena orders involving the information held by them from numerous health providers."

Volunteers Are Wanted To Test Aspirin Theory

Medical Tribune World Service

DUBLIN—Wanted: 2,500 medical men and women willing to take two aspirins a day for five years to test the theory that the drug can help prevent heart attacks.

Dr. James McCormick, Professor of Social Medicine at the University of Dublin, is setting up the international experiment.

"We are not risking gastric effects. People with any history of gastric trouble—e.g., ulcers—will not be acceptable for the research."

Hypotensive Agents Inadequate in Some Patients

Medical Tribune World Service

MELBOURNE, AUSTRALIA—In a small percentage of hypertensive patients the response to standard drug regimens is inadequate, Dr. G. P. Hallwright, of Wellington (N.Z.) Hospital, said here.

Addressing the Cardiac Society of Australia and New Zealand, he said that the usual problems in management result from failure of communication but that among some patients—not more than 2 per cent—even large doses of strong hypotensive agents, either alone or in standard combinations, fail to control the disease.

"In the last 15 years, refractory hypertension has been treated with two-stage thoracolumbar sympathectomy, not below L2," Dr. Hallwright said. "This has been found to potentiate the action of hypotensive drugs, subsequently reducing the total dose required, with more comfort for the patient."

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news index

CLINICAL NEWS NOTE: *"It has been said that modern medicine can now overcome pain without shortening life, and if this is really so, then the case for legalizing euthanasia is considerably weakened."* (Dr. Philip H. Addison; see page 4.)

FEATURE INDEX

VerminClean-Up In N.J. Hospitals Creates Dispute

Medical Tribune Report

TRENTON, N.J.—After two weeks on the warpath over unsanitary conditions in the kitchens of New Jersey health facilities, the director of Consumer Health Services for the New Jersey Department of Health has had his feathers clipped.

In closing kitchens and bakeries in nine state-operated health facilities—including New Jersey's second largest hospital, Newark's Martland—Oscar Sussman, D.V.M., succeeded in infuriating his boss, the state health commissioner, several hospital administrators, the state's acting director of institutions and agencies, the state attorney general, and perhaps even the governor.

Dr. James R. Cowan, the state health commissioner, reportedly threatened to fire Dr. Sussman, who is protected by Civil Service, but instead settled for issuing new procedures curbing Dr. Sussman's powers.

There is a "fundamental difference," Dr. Cowan said, between retail food establishments, which until recently were the sole concern of Dr. Sussman's office, and kitchens in health facilities. Patients are captive, he said, and "medical considerations must be taken into account."

Capacity Is Questioned

"Dr. Oscar Sussman," he fumed, "who is a veterinarian, does not have the capacity to make a medical judgment as it relates to patient care in a health facility."

"I am horrified," Dr. Sussman shot back, "to think that physicians, who operate certain hospital facilities, who supposedly 'have the capacity to make a medical judgment as it relates to patient care,' have so little capacity to comprehend that when a person is sick and depressed, that he should not be fed from a hazardous, greasy, filthy, roach and rodent-infested kitchen. We discovered almost a third of the state institutions to be unsanitary, while only 3 per cent of crappy little pizza parlors were unsatisfactory."

In almost all of the facilities ordered closed, Dr. Sussman said, "it was not a matter of a few roaches, but of hundreds. And roaches carry Salmonella. We also found flies, rodents, grease, dirt, and grime."

At the Martland Medical Center, the main teaching hospital of the College of Medicine and Dentistry of New Jersey, a spokesman said that the hospital had requested an inspection to see if the sanitary guidelines were being followed. "The inspectors went a little further than that," he said. "Our kitchen was closed for 10 hours. No meals were missed, however."

At the Alexian Brothers Hospital in Elizabeth, where the kitchen was closed for 12 hours because of alleged roaches, old food on floors and walls, dishwashers that were too cold, and refrigerators that were too warm, the administrator, J. Peter Certo, said the inspections were "good, and keep you on your toes."

"We would just appreciate it if we were given more time to correct our problems before being ordered to close," he said. "A reputation built up over 80 years in the hospital field can be destroyed by one inspection."

Five-Time Winner

Wide World Photo

Dr. Robert Magoun, of the University of Miami (Fla.), has won his fifth U.S. offshore powerboat championship and was featured in *Sports Illustrated*.

Good Pain Relief Cuts Chances Of Euthanasia Law in Britain

Medical Tribune World Service

GHENT, BELGIUM—Dying patients seldom ask for euthanasia. Many of them do not realize they are dying, and when they do, they generally welcome any prolongation of life.

These were among the conclusions of a report prepared by a special panel of the British Medical Association's Board of Science and Education. Dr. Philip H. Addison, secretary of the Medical Defense Union in London, told the third World Congress on Medical Law here.

"The majority of deaths in the present day and age are peaceful, whatever the nature and character of the preceding illness," Dr. Addison said.

He noted that the current law in the United Kingdom is such that a doctor is entitled to do all that is proper and necessary to relieve pain and suffering, even if the measures he takes might incidentally shorten life.

"It has been said that modern medicine can now overcome pain without shortening life, and if this is really so, then the case for legalizing euthanasia is considerably weakened," he observed.

Dr. Addison said that when an attempt was made to legalize voluntary euthanasia in 1969, "the rejection of the bill reflected the wishes of the great majority of medical men and women in Great Britain, and there can be no doubt at all that the vast majority of members of the medical profession would, at any rate at the present time, be opposed to the introduction of legalized voluntary euthanasia."

There is no doubt that the campaign for voluntary euthanasia in Britain will continue, Dr. Addison said, adding that "a great many doctors in Britain, particularly those whose work lies principally among the old and dying, fear the possibility of its success."

"The advocates of euthanasia," he said, "do not consider there is any need for fear that the carefully controlled arrangements they propose could lead to the disposal of the old and unwanted."

Dr. Addison continued:

"Although I find it difficult to believe that such a stage would ever be reached in any civilized country, it is not beyond the bounds of comprehension to envisage a situation where an elderly patient, having been assured that his case was hopeless and likely to become more and more painful, might feel a 'moral pressure' on him to apply for euthanasia rather than to remain a burden on his relatives or society.

Worry Could Be Exploited

"Most of us have encountered old people who complain that they have lived too long, and the danger is that their worry could be exploited."

Requests for euthanasia rarely come from the patient himself, Dr. Addison pointed out, but usually come from the relatives, mainly because they fear a lingering illness and an appalling strain on themselves.

Drawing a clear distinction between euthanasia and the discontinuance of resuscitative measures, he expressed the opinion that "irreversible coma should be accepted from both the legal and ethical aspects as a criterion for the latter."

"The preservation of human life in a condition of irreversible coma solely for the sake of the family is in fact to regard the patient as an object rather than a subject," Dr. Addison commented.

Polyunsaturated Fats Linked To Increased Risk of Cancer

Medical Tribune World Service

PERTH, AUSTRALIA—People who eat polyunsaturated fats in place of animal fats may be increasing their risk of developing cancer, an Australian investigator told the annual congress of the Australian and New Zealand Association for the Advancement of Science here.

Further, said Dr. C. E. West, of Australian National University, Canberra, no conclusive proof exists that polyunsaturated fats, largely vegetable oils, prevent heart disease.

Dr. West said studies in 1971 showed an increase in cancer incidence among groups in Los Angeles using polyunsaturates. They also showed an increased need for vitamin E intake.

"The possible harmful effects of polyunsaturated fats in the diet have often been glibly dismissed—despite the relatively short time of exposure of Western communities to large amounts of these fats," Dr. West commented. "Adequate control should be considered carefully before widespread manufacture of these products comes and it is too late."

He said that clinical trials have not shown reduction of the death rate with the use of polyunsaturated fats. Although they have shown a reduction in male bias not been significantly reduced, he said.

ECTOPIC BEAT

"Words, he emphasizes, are more important than we think; 'two ambiguous monosyllables—"Fed" and "cold" can murder a multitude.'"

—Mayo Clinic Proceedings.

Murdered multitude or no murdered multitude, we still don't get it.

(Regular beat: Immaterie Medica, page 27.)

Staff Helps Raise Money for Hospital

Medical Tribune Report

NEW YORK—Employees of French Polyclinic Medical School and Health Center here have raised more than $60,000 in an effort to keep the hospital from failing financially.

Nearly 95 per cent of the employees are expected to donate a pint of blood or a day's salary or both in a continuing fund-raising campaign.

According to a hospital spokesman, the hospital is losing money because it is inadequately reimbursed for patients by government and insurance agencies and because it has been unable to raise fees under the Economic Stabilization Program.

(SEE PRECEDING PAGE FOR SWEEPSTAKES DETAILS)

More Winners

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One Man... and Medicine

ARTHUR M. SACKLER, M.D.,
International Publisher, Medical Tribune

New—A National CPC

INEVITABLY, medicine colors everything we do—how we think, how we act. As physicians, we tend to take many things for granted. When medicine becomes a way of life, some things become so ingrained as to be reflex and many an action becomes an unconscious act. Take the clinical-pathological conference as an example. Here is a unique institution in hospital after hospital, state after state, country after country. The premise of the CPC often is the fallibility of man—and of medicine. Its goal is our patients' good; its method a probing, dissecting search for fact. No clinician views it as a challenge to his good faith. Rarely does he rail against the findings of the pathologist. Clinician and pathologist join to juxtapose fact against opinion. The necropsy seeks to remove that which obscures our vision and judgment. We seek to reveal that which is hidden by meticulous examination, gross and microscopic. The end result is sharpened skills, better doctors, better medicine, and healthier patients.

America is today taking part in a national CPC—a clinical-pathological conference on our political process and on the exercise of legislative power. The behavior of many in the highest echelons of government is exposed for critical examination. As every physician can testify, the clinical-pathological conference, certainly in medicine, is all to the good.

The premise of the CPC, first, is that the physician has diagnosed and treated his patient in good faith; second, that he is mortal—that his skills are measured not by infallibility but by the ratio of right to wrong decisions and, third, that we can only learn, progress, and grow by an honest, direct, and straightforward search for error, the revelation of mistakes, and correction of our practice in the light of those revelations. I suppose the reason why the political CPC called the Watergate hearings so painful is that for the first time political leaders, fortunately of both parties, and tens of millions of our people are jointly and publicly taking part in such a process—one which has long been accepted as an intrinsic and vital part of medical practice and procedure.

Society Cannot Rival Man

As complex as it is, society cannot rival the complexity of man; nonetheless, it is a living organism. The body politic is made up of people. The executive is in part its motor cortex and musculoskeletal system, its legislative structure a sensory area reaching and relating to environmental stimuli, the courts an organ for evaluation and equilibration, for interpretation and integration, to assure functional balance of all the systems on the basis of judgments grounded on certain principles.

As physicians, we are realistic and recognize that our organs and systems are subject to a wide range of disorders. We seek to determine how a system or organ is functioning. What provides the most suitable milieu for their health? What are the symptoms of disorder? What is our diagnosis and prognosis? What therapy should be prescribed?

As a physician, one soon learns that disease does not disappear if neglected. One also learns that the best way to manage disease is to prevent it. The earliest symptoms offer the greatest opportunity for correction. The best time to treat is early. And, in all our experience, we have learned that if we compromise an indicated therapeutic procedure in the face of serious pathology, we can compromise the life of the patient. To permit disruption of the integrity of one of the patient's vital systems can carry with it the price of death of all systems.

When our national clinical-pathological conference is over, Americans, both physicians and ordinary citizens, must face the facts. As great as our system is, as powerful as our organs are, they are not perfect. In fact, regardless of size or strength, they are delicate mechanisms. They can and have been compromised. When the hearings are over, we must have a sound and honest diagnosis and prognosis. We must face and accept and fulfill the therapeutic actions which are indicated. Above all, we must recognize that the failure to diagnose the ill, the unwillingness to accept the findings of the diagnostic tests, may constitute as great a constitutional danger for our body politic, for the fabric of our constitution, and for the structure of our society as the unwillingness to recognize the presence of a cancer. The physician knows the price of medical neglect. The surgeon accepts the necessity, often unpleasant, of excising a malignant process. We perform no patriotic duty if we fail to apply the principles which are good medicine and make for good health to our social and political institutions. The price we may pay can be the loss of our birthright.

Precise Diagnosis Needed

But, as in medicine, so too in the present situation. The diagnosis must be as precise as can be made. The therapy must be as fitting as is possible. But in all that is done, the rights we seek to preserve must be recognized as precious and delicate. They must be handled with luminescence, but firmness, for those who have consciously trespassed, with understanding for those who truly have unwittingly erred. But above all, they must be handled with a recognition that all of us, physician and patient, politician and public, Democrat and Republican—all of us—have failed, some in little ways, some in very big ways. All of us are tempted to cut a corner or pull a string or blink an eye, as when a ticket is fixed. If ever there was an example of malignant escalation, a demonstration as to what happens when basic principles are disregarded, first on a little scale, then on a moderate one, then more and more—this is it. The Dick Tuck tricks of some Democrats were no mere "pranks." The Black Advance of some Republican functionaries was no simple extension of the Dick Tuck tricks. One does not exculpate the other. Neither can be justified. To simply say one guy developed a "technique" and the other guys ran it into the ground is frightening, not funny.

All of us must engage in self-examination. When did the "nodule" first show? How did we miss the early symptoms? Did we miss them, or did we "accommodate" to them? Clearly, we failed to act when the tiny nodule first appeared, failed to acknowledge signs of our social cancer. To fail at this juncture to acknowledge the existance of a malignant process is to permit its growth and ultimately its metastasis. Failure to treat or excise our social cancers can jeopardize our survival.

Let us hope that, as in the case of our traditional CPC, our national CPC will not be in vain, that it will prove equally fruitful, that it will assure a better and healthier nation—a free and democratic society in which can be fulfilled the aspirations for "life, liberty, and the pursuit of happiness."

CONTINUING EDUCATION

Aspects of Medicine in China

By H. LEN TSENG, M.D.
Chief of Anatomical Pathology, Saint Elizabeth's Hospital, Washington, D.C.

DURING MARCH AND APRIL I made a private visit to the People's Republic of China and was permitted to observe medical practice, the training of medical and paramedical personnel, and acupuncture as anesthesia and therapy.

Acupuncture

I observed closely a ureterolomy for the removal of calculus in the upper third of the right ureter under acupuncture anesthesia. The patient was a male of about 30 years of age. He received the usual dose of sodium amytal the night before. Thirty minutes before the operation began, two acupuncture needles were inserted on the right flank, followed by two more in the middle of the forehead and two on the tip of the nose. These six needles were then connected to an electrical box of 9 volts of direct current to produce continuous stimulation through the needles. After all the needles had been completely inserted and connected with the electric box, a dose of 50 mg. of meperidine was injected through the I.V. infusion tube, which was already started. This was the only medication the patient received throughout the whole procedure, besides the sodium amytal given the night before. The whole operation lasted approximately 40 minutes while the patient lay in the usual nephrectomy position. I conversed with the patient during the entire operation. He was never unable to answer my questions clearly; he even smiled on several occasions. The calculus removed was about 2.5 x 1.5 cm. in diameter. Again, I observed a partial gastrectomy for chronic peptic ulcer of the duodenum under acupuncture anesthesia at the Hunan Medical School First Affiliated Hospital. The patient received the same medication—i.e., 100 mg. of sodium amytal the night before the operation and 50 mg. of meperidine through I.V. infusion tube shortly before the operation. I was told at both places that the acupuncture anesthesia works best in neck surgery, but muscle relaxation is sometimes not satisfactory in abdominal surgery. However, open heart surgery has been successfully performed in Fu-Wai Hospital in Peking.

In Chung Shan Medical School Hospital, I visited a special ward where four patients with peptic ulcer of the duodenum, proved roentgenologically, had undergone treatment with acupuncture and herb medicines. Success is claimed in 52 per cent of their patients. The treatment consists of daily acupuncture five days a week, in addition to the herb medicine for four weeks. These patients received two acupuncture needles on the upper abdominal wall and two on the left leg, three fingers below the inferior border of patella and at the junction between the head of the tibia and the fibula. This point is very important in any abdominal condition. These four needles are then connected to an electrical box similar to the one used in acupuncture anesthesia, except that this box is of 6 volts instead of 9.

At Hunan Medical School First Affiliated Hospital, a special ward of approximately 20 beds is assigned to a team of physicians who treat abdominal surgical conditions—i.e., peritonitis resulting from acute pancreatitis, ruptured appendix, and ruptured peptic ulcer. According to the physician in charge, they have so far treated 11 cases of acute pancreatitis, diagnosed enzyme studies, including amylase and lipase of serum as well as diastase of urine. The only surgical procedure done for these patients is incision and drainage of localized abscess formation. They reported only one death in these cases.

Medical Practice

The story of the barefoot doctor has been reported many times by various visitors, medical and nonmedical, to the People's Republic of China. What has not been written is the story of the barefoot midwives and "red medicine." I had a panel discussion with physicians who train these paramedical personnel in the First People's Hospital in Canton. The first question was pertaining to the prenatal care. I was told that this was done by the "barefoot midwives," who are given six months' training to recognize the position of the fetus, measure the blood pressure, examine the urine and hemoglobin by manual methods, etc.

I was astonished to hear from them that serology is unnecessary in China now, because there is no longer any syphilis. This was later verified by the deputy chief of obstetrics and gynecology of Kiangsi Medical School, who told me that there were still horns due to syphilitic mothers in the first two to three years after 1949 but none since then among more than 20,000 deliveries. She had seen only two cases of erythroblastosis fetalis due to Rh or ABO incompatibility among the same number of deliveries.

As to the elderly people of the city, I was told that they are visited by the cadres, who receive the same training as the barefoot doctors but are called by a different name, "red medicine." They visit the patients at their homes in the mornings and evenings, and if they think the patients' condition has deteriorated or complications have arisen, they report this to the emergency room of the hospital that has been assigned to cover that particular part of the city. An ambulance is then sent, and the patient is examined and admitted to the hospital if necessary. The hospital cost is 10 cents a day.

All these paramedical personnel—the barefoot doctors and midwives in the rural areas and the "red medicine" in the city—receive six months' further training after they have worked on the job for about two years. Those who show the most potential are admitted to medical school to be trained as physicians. The qualities taken into consideration include not only medical skills but also the desire to serve the people without any selfishness, as well as the correctness of political thoughts. All paramedical personnel are required to give vaccinations and check the sanitation for preventive medicine, treat common colds, headaches, and minor diseases, and attend simple injuries, including sutures of superficial wounds and fixing fractures with splints. Through universal vaccination, infectious and parasitic diseases, which were flourishing in China before 1949, are now almost completely eradicated.

Training of Medical Personnel

All hospitals and medical schools which had been built before 1949 have been expanded, and new ones have been erected. Before 1949, there were 200 beds in the teaching hospital of Hsieng-Ya (Yale in China) Medical School, and the old medical school, now known as Hunan Medical School, admitted approximately 40 to 50 students annually. Classes have been expanded to 600 annually for the past three years, with total enrollment of about 1,800 at present. The hospital has also been enlarged to 750 beds. A new, second affiliated hospital of 750 beds has been built at another location. Together with two other small hospitals, there is a total of 2,000 beds for clinical teaching. The medical school was closed during the cultural revolution from 1966 to 1969, but since 1970, 600 students have been admitted annually.

The Ministry of Education is not quite decided on how many years of medical

Continued on page 15

Test-Tube Embryo Experiment to Be Repeated

Medical Tribune World Service

MELBOURNE, AUSTRALIA—The research team here that claims to have succeeded in implanting a test-tube embryo in a womb is about to repeat the experiment. Dr. John Leeton, of Monash University, told MEDICAL TRIBUNE:

"There is a powerful demand for this work, and we believe it should be done. If we wait for the community to formulate absolute guidelines on this sort of work, we would never make any progress. We have to press on."

The investigators are fully aware of the moral and social implications of their research, he said, and plan to tell what they are doing so that the public can share their problems.

Their experiment is believed to be the only research of its kind in Australia and probably, at the moment, in the world, he said.

The team of Melbourne physicians—led by Dr. Leeton and Dr. Carl Wood—took an ovum from a 36-year-old woman, fertilized it in a test tube, and three days later implanted it in her womb. The pregnancy lasted nine days after the implantation, performed at the Queen Victoria Hospital.

Most of the studies of ways of keeping the fertilized ovum alive in the test-tube stage were done by Dr. John Lopata, of the Monash University Department of Obstetrics and Gynecology.

The technique was perfected after four years' work by the Queen Victoria Hospital-Monash team and a number of veterinary and human biology investigators.

Work Done Elsewhere

Similar work has been done elsewhere in Australia and overseas, but it is thought not to have been successful.

A second implanting operation was performed recently by the team, but the results were not conclusive.

The first woman in the world to become pregnant by the technique is a 36-year-old wife of a Victoria farmer. She has been unable to conceive. Her right ovary and fallopian tube were removed at 18 because of damage, and her left fallopian tube was blocked.

Sperm from the woman's husband was used to fertilize the ovum in the test tube. The ovum was drawn from the woman's left ovary four hours before fertilization and was kept alive in its own natural fluid in an atmosphere of nitrogen (90 per cent) and oxygen and carbon dioxide (10 per cent). The sperm was washed in a synthetic solution of bodylike fluid to remove naturally occurring antifertility substances.

The ovum was transferred from its life-supporting solution into the dilute solution of the sperm. Twenty hours after fertilization the outer cell layer of the ovum disappeared—indicating normal growth. At this stage the ovum was again transferred, this time into a special growth solution containing 20 per cent serum taken from calves. After 43 hours the fertilized egg was still at the single-cell stage but thriving. At 49 hours a three-cell stage was reached.

Sixty-seven hours after fertilization the ovum had reached the six- to eight-cell division stage. It was then time for transfer to the womb, where a state of artificial pregnancy had been induced.

The woman was given analgesics and drugs to stop uterine contraction. At 74 hours after fertilization, the egg was transferred through the cervical canal inside a special double plastic tube. The egg was held in a minute amount of growth fluid inside the tubes.

Slowly the embryo was injected into the uterus—its movement monitored by microscopy. On the fourth and fifth days after implantation, there were definite indications from tests that the embryo was implanted and was developing. A pregnancy—and proof of success—was measured by readings of gonadotrophin excretion. These excretions, which can be measured at the seventh day of pregnancy, rose sharply.

A surgical completion from another operation done on the woman days before the transplant probably caused the embryo to abort, the investigators said. (A healing lower abdominal wound from the earlier operation burst on the sixth day of pregnancy and had to be repaired.)

Pregnancy Kept Secret

The pregnancy was kept secret for six weeks while the team examined evidence that it had actually taken place. The evidence has been shown to a number of leading human and animal production experts, and a full report on the pregnancy and technique has been prepared for the *Lancet*.

Drs. Leeton and Wood believe that more work is needed to iron out "trouble spots" in the technique. It is likely that calf serum used in the early stages of the test-tube development will be replaced as a growth medium.

Further, the method of "washing" sperm has been rejected and another method selected.

In the MEDICAL TRIBUNE interview, Dr. Leeton commented:

"The work we've been doing is clinically oriented. We saw a need for women with blocked tubes to have this done so they could have children. We can't see any problems in this area. It's morally acceptable. But in the long term—and I don't think this will happen in my lifetime—I can see big problems arising."

He believes the era is now not far off when it will be possible to fertilize one woman's ovum in a test tube and then implant it in another woman's womb.

This, Dr. Leeton observed, could lead to a new occupation for women—that of "incubator" for other people's children. The professional woman—or the woman who did not want to give up her job—could hire an "incubator" to bear her family.

Commenting on the ethical aspect of this prospect, the head of the University of Sydney's School of Biological Sciences, Prof. Charles Birch, said: "What happens to the wretched girl who carried the child? How will she feel about giving it up? I foresee this as one of the major problems."

Diseases on Rise in Asia

WHO Photo

The World Health Organization has reported that cholera, smallpox, and malaria are on the rise again in India and other nations of the region. Calling for vigorous efforts by governments and international agencies to control these diseases, Dr. Mahler, director-general of WHO, said there were several major epidemics in Bangladesh and the northern belt of India.

Insulin in Diabetics

CHICAGO—Some diabetic patients who require insulin may retain the ability to secrete insulin from their pancreas, University of Chicago researchers have found.

THE HIGH COST OF EXCESSIVE ANXIETY

IN PSYCHOLOGIC SUFFERING

Excessive anxiety is generally recognized as a distressing emotional experience and is frequently present in some neurotic states. Excessive anxiety, untreated, can often become chronic, sometimes inhibiting effective action and self-realization. By relieving the patient's excessive, disabling anxiety, the physician can help the patient diminish his maladaptive behavior and confront his life problems more effectively.

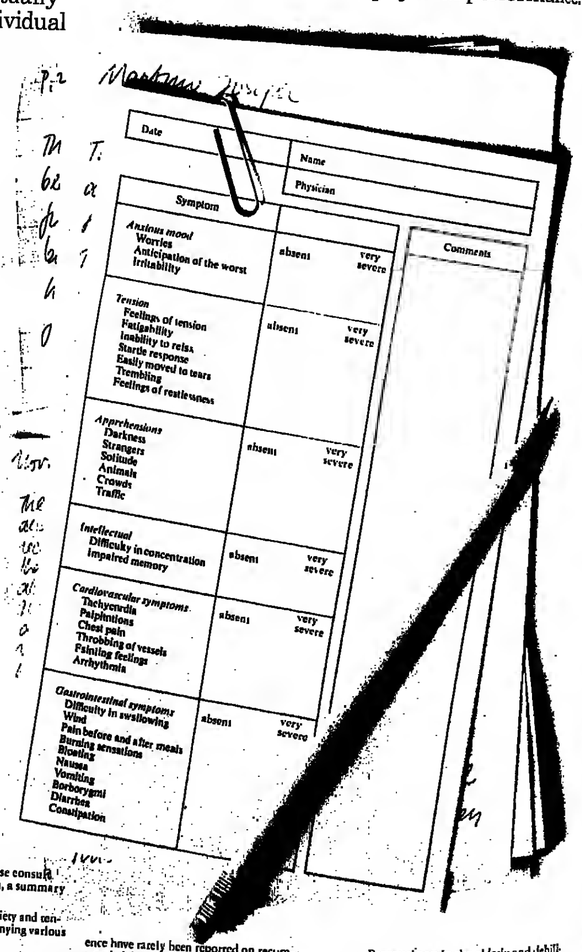
IN DISTURBED PHYSICAL FUNCTION

Pronounced anxiety can affect virtually every body system according to the individual pattern of response. Thus, anxiety can lead to a variety of psychophysiologic sequelae such as tachycardia, muscular spasm, sweating, gastrointestinal disturbances and others.

In organic disorders, the patient's excessive anxiety may exacerbate organic symptoms and adversely affect the course and management of the condition; *e.g.*, in angina pectoris, hypertension and duodenal ulcer. Attention to excessive anxiety and emotional tension thus becomes a vital part of effective total management of the patient.

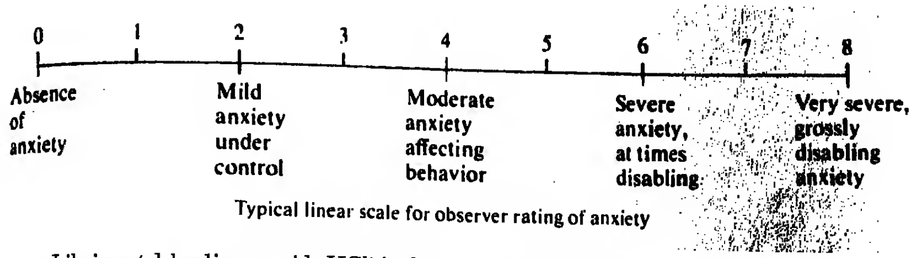
IN DISRUPTED PRODUCTIVITY AND PERFORMANCE

While a reasonable amount of anxiety is a motivating, alerting force, the deleterious effects of disproportionate anxiety on performance in any activity calling for concentration and sustained effort are well known. Often, it is the disturbing effect of anxiety on work productivity that brings the patient to the physician. Mounting anxiety, unrelieved, may impair both mental and physical performance.



Modified Hamilton Anxiety Rating Scale

Adapted from Lader, M., and Marks, I.: *Clinical Anxiety*, New York, Grune & Stratton, 1972, pp. 99-101.



Typical linear scale for observer rating of anxiety

Librium (chlordiazepoxide HCl) is thoroughly established as a dependable agent for the prompt relief of excessive anxiety and emotional tension; usually it does not impair mental acuity or ability to perform, when used in proper dosage. (See Warnings in summary of product information.) Librium may be employed as an adjunct to nonpharmacologic measures—such as reassurance and counseling—when the latter are insufficient to achieve the desired therapeutic response.

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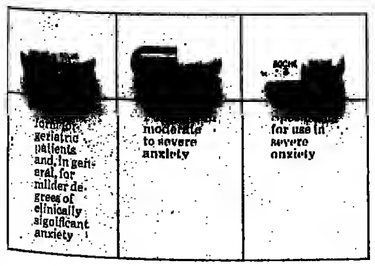

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IN CONSULTATION

On developments in gastroenterology

The Consultant

DR. HENRY D. JANOWITZ
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"I believe it is important to continue to separate the disorders of the colon."

What are the most significant developments in recent years in the field of gastroenterology?

1. The isolation, purification, and chemical analysis of the gastrointestinal hormones gastrin, secretin, and cholecystokinin-pancreozymin, and especially the development of the radioimmunoassay method for measuring gastrin. This has been paralleled by the clinical recognition of the gastrin-secreting tumor (usually but not always in the pancreas) of the Zollinger-Ellison syndrome and its treatment by total gastrectomy. Along with the specific identification of these hormones is the awareness of the wide range of their secretory, inhibitory, and motor effects throughout the entire gut and the associated glands of digestion, the liver and pancreas.

2. The development of instrumental techniques to visualize and especially to biopsy the entire gastrointestinal tube has opened up a new era in both diagnosis and therapy. The development of the small-bowel biopsy technique has indeed revolutionized our understanding and management of disorders of maldigestion and malabsorption. Celiac disease and Whipple's disease are now curable—one by the use of the gluten-free diet, the second by the use of antibiotics.

The visualization of the main pancreatic ducts by retrograde cannulization through the ampulla of Vater is the most recent and exciting development in this area; its full usefulness remains to be determined.

3. The discovery that several diarrheal diseases (of infectious nature)—cholera, shigellosis, and probably soma enteroviruses—turn on a powerful secretory mechanism in the small bowel, with the profuse loss of fluids and electrolytes.

4. Recognition that cholesterol gallstones result from the elaboration by the liver of a "lithogenic" bile, in which the solubilizing properties of bile salts and phospholipid are exceeded by the ratio of cholesterol. This, in turn, has led to the exciting current trial of dissolving gallstones by feeding chenodesoxycholic acid to patients with cholesterol gallstones.

5. The discovery by Blumberg of the Australia antigen and its identification with hepatitis virus B is clearly the outstanding discovery in the field of liver disease and holds forth the prospect of a vaccine against this type of hepatitis.

How can ulcerative colitis and regional granulomatous colitis (Crohn's disease) be differentiated, and is it important to do so?

In the majority of patients these two varieties of inflammatory bowel disease can be separated; perhaps in 15 per cent of patients they cannot. This may simply reflect the fact that there are many other colonic disorders which need sorting out. Only recently has ischemic colitis been clearly segregated.

Clinically, ulcerative colitis involves the rectum and sigmoid, spares the ileum, has an important component of bleeding and characteristic roentgen findings, usually is a mucosal disorder, does not fistulate except into the vagina, and is cured by ileostomy and total colectomy.

Crohn's disease may involve any part of the GI tract from stomach to anus, spares the rectum, very frequently includes the ileum as well as the colon, has bleeding less often, fistulates into the whole host of neighboring organs, develops marked perianal involvement, is not cured by resection, and is followed by a very high rate of recurrence (30-50 per cent).

I believe it is important to continue to separate the disorders of the colon:

- To extend our knowledge and, hopefully, our thinking. Imagine if we still lumped all "pneumonias" together!
- Crohn's disease of the colon has a high rate of recurrence, even after total colectomy (and certainly after partial resection). Recurrence of granulomatous inflammation in an ileostomy is a nasty business. This does not occur after total colectomy for ulcerative colitis.

What are the indications for surgery in a patient with ulcerative colitis?

Certain indications seem to me to be absolute:

- Perforation.
- Toxic megacolon.
- Intractable bleeding (which will require excision of the rectal segment at one sitting).
- Stricturing, which does not allow complete visualization (by barium or endoscopy), and biopsy, since the stricture may be mimicked by cancer.

More difficult to evaluate is (1) failure to manage the patient's clinical course with an acceptable level of disability with current medical modalities (antibiotics, steroids, and immunosuppressive therapy). 2. Growth retardation and sexual development at puberty have until recently been considered valid reasons for colectomy in ulcerative colitis. Yet some recent evidence is not totally convincing in this regard. 3. In view of the clearly increased incidence of cancer in long-standing ulcerative colitis, especially in quiescent or healing stages, the desirability of colectomy to prevent cancer remains in dispute. I do not favor colectomy at any fixed arbitrary date of duration. The value of carcinoembryonic antigen measurement does not yet seem helpful. Perhaps repeated colonoscopy with multiple biopsies will prove helpful.

Next In Consultation

JOHN P. UTZ, M.D., Professor of Medicine, Virginia Commonwealth University.

. . . will answer questions

- About systemic mycotic disease.

High BP Down Under

Medical Tribune World Service

SYDNEY, AUSTRALIA—Prevalence studies carried out in Busselton, Western Australia, in 1969 and in Albury, New South Wales, in 1971 showed a high incidence of hypertension in Australia—confirming results obtained by overseas studies.

Dali

THOUGH YOUNG SURREALISTS in Paris often followed poetic paths in their explorations of *les merveilleux*—the marvelous in life—they were also influenced strongly by science. Even now, Salvador Dali, Surrealism's leading representative, is trying to create a three-dimensional painting style through the use of microscopic geometric structures called moire patterns, originally traced by mathematician Gerald Oster.

The influence of Freud and other probers of the mind are in evidence throughout Dali's work. A clear example is "Leaving the Cornice of Anger," from his renowned *Purgatory* series—now available on a limited basis to entrants in the MEDICAL TRIBUNE Sweepstakes (see page 3).

Dali, André Breton, and other scientific heroes of the Surrealist movement were those who contributed to the destruction of the old linear world view. Einstein was the most attractive of the nonpsychiatric scientists. "His scientific language is not always understandable," remarked Maurice Nadeau, celebrated historian of Surrealism, "but strange illuminations gleam here and there like an aurora borealis. 'We have made a mistake,' Einstein says in substance. 'The real world isn't what we thought. The best-founded conceptions apply only to our daily round; out there they're false. False our old conceptions of space, false the time we've fabricated.'" So outlandish did such notions seem to Surrealists that reason, all-powerful reason, seemed to stand accused—which delighted them.

If the external world had changed, so had the inner one, and it was the new geography of the mind that especially fascinated the Surrealists. The unknown realm of the unconscious enthralled them as much as they liked to think it frightened the bourgeoise. Inevitably, they drew their materials of Surrealism from practitioners of psychiatric medicine, notably Charcot, Janet, and Freud. The catalyst was Surrealism's omnipresent founder, Breton, who saw that psychiatry held the key to "recuperation of the original powers of the mind"—the fundamental objective of Surrealism.

Breton had studied medicine at the Sorboane and was mobilized during World War I to work in a military psychiatric unit. Although he soon quit medicine for poetry (Mme. Breton's response was, "I would have preferred to hear that he had died on the battlefield"), his insights into psychopathology were keen. Impressed by Charcot's work in hysteria, he hailed it as "the greatest poetical discovery of the end of the 19th century."

Eventually, all forms of madness were accommodated under the Surrealist umbrella: Breton and Paul Eluard once published a series of essays in which they imitated the verbal manifestations of feeble-mindedness, acute mania, general paresis, delusions of interpretations, and dementia praecox. Salvador Dali developed what he called his "paranoiac-critical" method, declaring, "The only difference between me and a madman is that I am not mad."

Janet Was an Influence

In the early 20s, when Surrealism was brewing in Breton's fertile brain, Pierre Janet was one of his strongest influences. Like Freud, Janet used automatic writing as a therapeutic tool; but, unlike Freud, he also saw it as a means of exploring the unconscious mind. He called the ecstatic, incoherent behavior of his patients "*l'amour fou*" and their vision "coauvisive." Breton transformed these expressions into surrealist concepts. Janet, unlike Freud, went beyond the clinical analysis of Freud, concluding his case reports with such words as: "All this teaches us that we are richer than we think; we have more ideas and sensations than we thought. Our mind is full of beautiful thoughts of which we have no knowledge, which should console us for all the mediocre thoughts that we recognize so easily."

Freud's influence is a different matter. His concepts unquestionably colored the Surrealist movement, especially his methods of dream exploration. At least two of Freud's papers appeared in French translation for the first time in Surrealist journals. The *First Surrealist Manifesto* was written under the aegis of Freud, who, the Surrealists felt, had revealed to them the possibility of expanding reality by utilization of the dream.

However, Freud himself was leery of the Surrealists: their interest only puzzled and embarrassed him. Basically, he was scientifically detached from Surrealism's *mystical implications* for the arts.

Dali's Debt to Freud

Of all the Surrealists, Salvador Dali probably owes the greatest debt to Freud. The images in his paintings directly convey themes of castration and impotence. More important, his so-called paranoiac-critical method draws heavily on Freud as well as Krafft-Ebing and the French psychoanalyst, Jacques Lacan.

The method was originally described in his *The Conquest of the Irrational* (1935), probably the last major document of the Surrealist movement. The paranoiac, according to Dali, is not ruled by the external world like normal people but, rather, dominates it and sees in it what the promptings of his unconscious desire wish him to see. What paranoiac-critiism means visually is the hallucinatory power—acquired in a self-induced paranoiac state—to look at any object and "see" another. Thus, in Dali's *The Fallen Angel*, a woman's body is transformed into a chest of drawers, presumably containing erotic secrets postulated by Dali's unconscious desires.

In 1939 a dying Freud told Dali: "It is not the unconscious that I seek in your pictures, but the conscious. While in the pictures of the Masters—Leonardo or Ingres—that which attracts me, that which seems mysterious and troubling to me, is precisely the search for unconscious ideas, of an enigmatic order, hidden in the frame. Your mystery is manifested outright. The picture is but a mechanism to reveal it."

Other psychiatrists have been more appreciative of Surrealist goals, among them Dr. Henri Ellenberger. In *The Discovery of the Unconscious*, he scored his point: "Henry Ey contends that both psychopathological art and Surrealist art originate from the same unconscious creative source; however, the Surrealist goes consciously to this source and channels its inspiration, whereas the mental patient is overwhelmed by it. In other words . . . the Surrealist *makes* the marvelous, whereas the psychotic artist *is* marvelous."

New York's New Drug Law

UPI Photo

Posters on subways and buses in New York City are publicizing New York State's new drug law, reportedly the toughest in the United States.

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Self-Medication

The Dangerous Exploitation of an Analgesic Antacid

TO ANYONE who has traveled the world —or, for that matter, the United States —or who has had a practical exposure to health problems, the need for prescription-free drugs, for safe self-medication, is clear and definitive. This need for self-medication carries with it the requirement for safe and effective, economical, and readily available drugs for simple and uncomplicated disorders. It also carries with it the obligation that those who provide such medications be responsible in their presentation, in proper disclosures and suitable warnings, when the possibility of dangerous diagnoses is involved. The latter responsibility appears to be honored *in the breach.*

These thoughts come to mind in the wake of a recent attack by a consumer group on FDA's OTC antacid panel and its chairman, Dr. Franz J. Ingelfinger. Unfortunately, the attack was directed, in part, at a physician who has made major contributions to medicine and who undertook the thankless job of leading an FDA antacid panel as one of his *pro bono publico* endeavors. For his pains, Dr. Ingelfinger was rewarded by an inadmissible charge of acting as "a pawn of big business." The *New England Journal of Medicine* editor rightly noted that there is a widespread need for an effective analgesic, and that an aspirin preparation—in this case, the buffered Alka-Seltzer formulation—is relatively safe for millions of people. He acknowledged gastrointestinal blood loss to be a complication of this form of analgesic therapy and raised the question as to whether "all restrictions, cautions, and contraindications" should appear in the labeling, saying: "I wonder if all those words would fit on the wrapper of a small roll of antacid tablets. Maybe it will have to be put in ultrafine print, like the micro-edition of the Oxford Dictionary, and the consumer will get, packed in with his favorite antacid tablets, an appropriate magnifying glass."

We believe that his argument against "all restrictions, cautions, and contraindications" in packaging and promotion for over-the-counter preparations for inexperienced laymen falls in the face of existing regulations for promoting prescription drugs to professionals—physicians. A patient who is sensitive to aspirin has the right to know and should be suitably warned that a given preparation does contain aspirin. Reasonable cautions are certainly more valid in the case of the consumer than most of the warnings directed at physicians.

We agree with the conclusion that "the public would not benefit if [this] preparation were presently either removed from the market or sharply restricted in its use." We would also agree that, in addition to labeling changes, "at the very least, those groaning libated, burping figures that interrupt my evening news broadcast should disappear from the TV screen." We would add that the medical responsibility of the makers of medicinals is not discharged by such exploitative and dangerous analgesic-antacid advertising as "I can't believe I ate the whole thing." As we have previously noted, "acute indigestion" some scores of years ago was certifiable as a cause of death. Today, coronary occlusion remains a differential diagnosis in severe, acute indigestion. No warning about such a hazard and no educational effort are made.

Levity is no substitute for responsibility. The makers of Alka-Seltzer do not stand alone in the exploitation of a public health hazard. The sooner the makers of self-medications recognize the need for proper disclosure and the restriction of their advertising to valid and safe claims, the sooner they will serve the public interest and in so doing their own. A.M.S.

The Erogenous Proboscis

ANY DOG OWNER knows that a bitch in heat is sensed by all the neighborhood dogs, which congregate and keep vigil throughout the period of estrus. So it is not surprising that G. P. Charlewood (*S. Afr. Med. J. 47*:596, 1973) has proposed that, in addition to the usual reasons, estrogens be employed in postmenopausal women to enhance their sexual attraction via the sense of smell. He adds that the human male is probably unaware of what "turns him on."

D. K. Quinlan (*S. Afr. Med. J. 47*:853, 1973) responds with the following: "My thesis to account for the reason that some human males are 'turned on' is that these individuals are born with a superolfactory nerve, and that their function continues well into old age. I have also noticed that elderly males with long beak-like olfactory organs may maintain their prolific libidin. I hope this answers Dr. Charlewood's query about what turns the human male on." R.S.G.

Amphetamines and Fatigue Onset

RESEARCH QUOTE: "*It can be concluded from the results of this research that, with certain limitations, the ingestion of d-amphetamine sulfate will not significantly delay the onset of local fatigue in most cases of muscular work . . . [but] can increase muscular efficiency whether the muscle is in a rested condition or a fatigued condition.*" (Gerald P. Graham, Ph.D.; see page 27.)

"Hackley's syndroma'? But Dr. Grottmark said it was 'Grottmark's syndroma.'"

H. sap. and the Car

Your words "An Endangered Species —Homo Sapiens" (MEDICAL TRIBUNE, August 8), "I'm for the bald eagle, for the whooping crane, and the Bengal tiger —but first and foremost, I'm for mother and baby and man," should be repeated thousands of times throughout this rich but impulsive and careless land and emblazoned on every building and lamppost.

Coming from Detroit, we were particularly attracted to your suggestion to limit the number of cars. The number of automobiles per family is growing much more rapidly than the number of children. But we have yet to hear of any Zero Automobile Growth organization. Instead, we hear of human beings described as a cancerous growth and selfishness lauded as a virtue.

PATRICIA NIXON
ROBERT K. NIXON, M.D.
Birmingham, Mich.

Clarification Requested

Please note that the National Medical Association's special preconvention hypertension workshop, mentioned in the August 15 edition of MEDICAL TRIBUNE, was made possible through a grant from the Merck, Sharp & Dohme Pharmaceutical Company.

ROBERT D. WATKINS
National Medical Association
Washington, D.C.

Disk Surgery Defense

Many a neurosurgeon will take exception to your lead article, "Disk Syndrome Termed 'Vast Clinical Wasteland'" (August 15).

While Dr. C. Norman Shealy destroys the articular nerves of the facets to relieve disabling back pain, 99 per cent of the neurosurgeons across the country are doing lumbar laminectomies and disk removals with excellent results in 80 per cent to 90 per cent of the cases. While it would be nice to believe that Dr. Shealy's procedure would eliminate the need for surgery, I doubt that his procedure of radiofrequency rhizotomy performed on a "small nerve that is not described in many anatomical texts and has no name" will do the trick either.

The strong language which Dr. Shealy uses is absolutely appalling! For example, he says that there is 40 per cent failure rate in disk surgery, which is at least 20 per cent to 30 per cent too high. He says the false-positive rate in myelography is 30 per cent; it should be 15 per cent.

He said that myelography has the inherent risk of producing arachnoiditis. It has not! He points out that complications of leg weakness occur in 5 per cent to 10 per cent of his operated cases and bladder weakness in an equal number and that almost 100 per cent are left with total or near sexual impotence. This is absolutely ridiculous! Each week I operate and do lumbar laminectomies and have yet to find a patient complaining of impotence.

Dr. Shealy then goes on to describe fusion as "one of the greatest abominations in American surgery today." I wonder what his neurosurgical and orthopedic colleagues, who weekly do anterior interbody fusions and lumbar posterior fusions, will say to this.

J. DEWITT FOX, M.D., F.A.C.S.
Los Angeles, Calif.

To Dr. Clovis H. Pierce:

I have read an article in MEDICAL TRIBUNE (August 22, page 1) which alleges that you told pregnant welfare patients that you would not deliver their infants if they already had two or more children and refused to be sterilized. The article contains both implied and specific criticism of this policy.

I am writing this letter, first, to assure you that you are perfectly within your rights to pursue such a policy and, secondly, to commend you on your wisdom. If indeed, you do adhere to this practice. Such a practice is conceived in eminent common sense. Its usage is to be highly recommended because of the obvious benefit to the parents, siblings, taxpayers, and society in general.

I express my appreciation to you and wish you much success.

JOHN C. ELLIS, M.D.
Chattanooga, Tenn.

Advice for Dalessio

I thought that the comments made by Donald Dalessio in his "Confessions of a Physician With Hay Fever" (August 27) were most appropriate. As a physician who has gone through the skin-testing, desensitization bit, I certainly share his feelings regarding seasonal allergies. I was intrigued with his comments regarding the use of an antihistamine at bedtime. However, I feel that the effect of steroid nose drops is not prolonged and that the rebound is at least as bad as the preinstillation congestion. The judicious administration of 5 to 10 mg. of slow-release oral prednisone every other morning seems to be most effective in periods of very severe symptoms. The fact that this course rarely exceeds a week or two at the very most mitigates against any of the contraindications to the administration of steroid therapy, and in this regard, it was most gratifying to read the additional comments by Dr. Martin Valentine regarding symptomatic treatment of hay fever.

SAMUEL GROSS, M.D.
Associate Professor of Pediatrics
Case Western Reserve University
School of Medicine
Cleveland, Ohio

A Second Hot Line To Moscow Installed —This for Diseases

Medical Tribune Report

WASHINOTON—There are now two hot lines to Moscow. One is designed to prevent thermonuclear war and the other to prevent disease.

As a result of negotiations between HEW Secretary Caspar W. Weinberger and Soviet Minister of Health Boris V. Petrovsky, during Mr. Weinberger's recent visit to the Soviet Union, a Telex communications link has been inaugurated to exchange vital information concerning experimental drugs and discoveries in the areas of cancer, heart disorders, and environmental health. Schizophrenia, influenza, and arthritis data are also expected to be exchanged via the new link.

Dr. Charles C. Edwards, HEW's Assistant Secretary for Health, who accompanied Mr. Weinberger on the trip, stated that the communications system will be of "tremendous benefit" in providing the United States with information about experimental drug testing on human subjects in the Soviet Union. He explained that the Soviet regulations regarding testing on human beings are far less stringent than U.S. rules.

Discussions are now under way to join research efforts in bilateral clinical testing of potentially useful anticancer drugs between the two countries. HEW reports that "five or six experimental cancer drugs have now been traded" between the United States and the Soviet Union for testing purposes.

Also being considered is a proposal to share, via computer terminals, the information assembled by the U.S. National Library of Medicine and the U.S.S.R. Institute of Medical Information.

According to the U.S. authorities, the only other direct communications link between the U.S. Government and the Soviet Union is the hot line in President Nixon's office. Costs of the HEW Telex system are $10 per month and $3 per message minute.

Previously, mail communications between the two countries took a total of four weeks' delivery time for a letter to be received and answered.

Unwanted Pregnancy Occurs in One-Third Despite Birth Control

Medical Tribune Report

NEW YORK—Despite a contraceptive revolution that has cut the risk of failure by half over the last decade, more than one-third of U.S. couples who use a birth-control method because they do not want any more children experience a pregnancy within five years—and a "substantially higher" proportion will do so eventually.

In only 12 months, 14 per cent of these couples have an unwanted pregnancy.

Among couples who intend to have children at a later date, 26 per cent encounter a birth-control failure within the first year.

These are among the findings reported by Princeton sociologist Norman B. Ryder in *Family Planning Perspectives*, the quarterly journal of Planned Parenthood's Center for Family Planning Program Development. The findings are based on the 1970 National Fertility Study, of which Dr. Ryder was codirector with Charles F. Westoff. That study included interviews with 6,752 married or formerly married women of reproductive age.

The findings, Dr. Ryder commented, reflect "quite small proportions experiencing contraceptive success, considering its importance for the quality of family life and the presumed level of sophistication of the U.S. population."

He attributed nearly 60 per cent of the improvement in prevention of unwanted pregnancies to adoption of oral contraceptives. Only 4-5 per cent of pill and IUD users fail to prevent an unwanted pregnancy over a year's time, he said.

Continued from page 6

education is required. At the present time, it is set for three years, and it may be prolonged. In order to teach as many students at one time, most of the teaching is done by video assistance, especially in anatomy and pathology, using drawing, pictures, etc. After graduation, if one is interested in a special field—for instance, chest disease or chest surgery—he or she will be assigned to dissect the chest organs and learn more pathology of the chest diseases by examining gross specimens and microscopic slides. However, almost all of the graduates will be sent to serve the mass of people in every corner of China according to the needs, like general practitioners of this country. They stay in the district hospital or commune medical center. After a certain length of time, usually two to three years, they will be selected and recalled to the medical school for further training in specialized fields.

After visiting two medical schools and three hospitals, one for postgraduate training, my impressions of medicine in today's China, especially in the field of medicine and pathology, are as follows:

Lacking in Automation

There is practically no automation. They are doing all the hematology and common blood chemistry tests by manual methods. They do have spectrophotometers made in China, although few in number. There is no monitor system, coronary care, or intensive care unit, although seriously ill patients are constantly attended by nurses aides in a private room. An autoprocessing machine for tissues is available in Capital Hospital only.

They are very rarely doing the sophisticated tests, such as electrophoresis of lipoprotein, Hgb or isoenzymes, radioimmunoassay, and others. ECG machines made in China are available in all the institutions I have visited, and the tracings are quite good. Renal scanning is performed only in the Capital Hospital, which is for postgraduate training. Frozen sections are still being done by the old-fashioned carbon dioxide machines, except in Capital Hospital, where a cryostat machine is used.

Most of the microscopes are of monocular type, and some of them are quite old but in good condition. Chung Shan Medical School and Capital Hospital (formerly Peking Union Medical School) have good tissue museums, especially the former. However, the color of the specimens in Chung Shan Medical School has faded, and I was told that this was due to the shortage of chemicals shortly after 1949.

In the field of internal medicine, much attention and effort have been given to the elimination of the infectious and parasitic diseases and to treatment of diseases by traditional Chinese herb medicines and acupuncture. Kala Azar used to be a very prevalent disease in northern China, including Peking city, but now it has been completely eliminated. The reasons given are disappearance of the transmission agent, the sandflies and animal reservoirs, and the early admission and treatment of the infected individuals. This is also true of typhoid fever and other infectious and parasitic diseases.

In conclusion: In a span of 24 years, China under the present regime has succeeded completely or partially in:

- Delivery of medical services to the mass of people by distributing medical and paramedical personnel in rural as well as in urban areas.
- Elimination of infectious and parasitic disease.
- Training medical and paramedical personnel in meeting the delivery of medical services to the mass of people.

However, they are (1) deficient in automation both in diagnosis and treatment of diseases and (2) deficient in the more refined and sophisticated instruments and methods in both diagnosis and treatment, which to them for the time being is the least important in the delivery of medical services.

How Dr. Strangeface Learned to Stop Drooling

Continued from page 1

shadows compensate substantially for lack of stereovision. However, one must allow extra intervals for passing and for poles protruding from the rear ends of trucks. In tight traffic situations, to compensate for loss of wide angle vision, I had to oscillate my head like a lawn sprinkler to obtain the full view. The eye patch was indispensable at night on two-lane highways, since oncoming headlights would otherwise unremittingly sear into the unblinking eye.

While driving, I found that various homey and hackneyed expressions took on new meaning, such as the well-intentioned wifely back-seat comment, "Keep your eye open for side traffic." I bemused the new significance of "In the land of the blind, the one-eyed man is King," and, paraphrased from Mother Goose, "There was a crooked man, he wore a crooked smile."

Once home, I was greeted by the children with "Eek, Daddy, that flesh-colored patch makes you look like you have no left eye at all! You should sketch a closed eye on top of the patch so that you won't scare people."

I phoned my ophthalmologist, who assured me that the eyedrops and patch would be adequate to protect my cornea. I would not need my upper lid sewn shut like some headhunter's unfinished shrunken trophy. He also informed me that any corneal ulceration would be preceded by a warning blush of red under the iris.

Lost 7 Pounds in Week

My physiatrist prescribed prednisone and hydrochlorothiazide, along with home electrical stimulation of the left side of the face. I lost 7 pounds in a week from the diuretics. This compensated, weight-wise, for my gluttonous vacation dining, but it literally made me feel all washed out, despite intake of gallons of orange juice to replace potassium.

The many little muscular abilities that one takes for granted became frustratingly absent. I could not rinse out my mouth after brushing my teeth without drooling. I could not blow the whiskers out of my electric razor or inflate a child's beach toy. I could no longer play my clarinet or tenor recorder. My virtuoso whistling range of three and a half octaves (of which I am unduly proud, but which drives my family and neighbors nuts) was out of commission. I could no longer loft a spent wad of chewing gum 20 feet into a Forest Preserve trash container. Drinking from a bottle or sucking from a straw was impossible unless I pinched the left side of my mouth together with thumb and three fingers. Food stuck inside my left cheek.

It was now Monday and, with a wry face and with face awry, I had to face up to my patients. I taped a conventional gauze pad over the flesh-colored stick-on so as to avoid the appearance of left ocular agenesis. This served to divert their attention to the eye and away from the rest of the face. Most of them inquired no further concerning "what happened to your eye?" when I replied, "I forgot to duck." One wag, however, quipped, "Is that your private eye?"

The more observing patients asked, "What happened to your mouth?" and, when I tried to assure them that it was nothing but a temporary weakness of the left facial muscles, their expressions told me that I should return immediately to Mars.

Then there were the difficulties with distinct diction. One girl in the typing pool asked if I had broken into the *schnapps* over the weekend.

To minimize the lopsided-hamster look while dining in public, I found that I had to take an extra paper napkin, one for the lap and one for the face. By chewing on the well side, tilting the head to that side, and pushing on the paralyzed cheek, I could usually empty the buccal pouch from without. Occasionally it was still necessary to hide behind the second napkin and use a forefinger internally. Drinking was best accomplished by using only a firm cup or glass (avoiding bottles, straws, or paper cups) and pressing this firm vessel somewhat diagonally against the paralyzed lower lip and making counterpressure with the unaffected left masseter muscle. Occasionally it was still necessary to press the forefinger to the lower lip to make a watertight seal.

I bought an electric stimulator, which reminded me of a cross between a cattle prod and the slave-subduing "stim" featured in Gene Roddenberry's TV sci-fi presentation, *Genesis II*. It was indeed a weird sensation to feel the nettle sting of the electrode at each of 12 facial motor points, accompanied by twitching of the paralyzed muscles and flashes of light as the 67 volts of direct current spilled over to the optic nerves. I was to stimulate each of the 12 areas 10 times, repeat this four more times in cyclical fashion, and repeat the whole treatment three times daily to preserve tone in the left facial muscles. Perhaps the oddest sensation was that of producing winking of the left eye by electrical stimulation. I could see myself as the star of some grade-Z horror flick, perhaps entitled *I Was a Palsied Monster*, running around after nubile females, frantically winking at them by activating an electrode protruding from my left outer canthus.

Now Comes Good News

Above is the bad news. Now comes the good news: On the 13th day after onset, I noticed a slight twitch of spontaneous function. Gradually I could eat and drink more presentably, and the lowest nine notes of my whistling range returned. Granted, one should adjust to Bell's palsy and even old age gracefully, but I never thought the day would come when I would rejoice to see the return of crow's feet around my eyes and wrinkles in my forehead! Really!

Medicine on Stamps

Andrija Stampar

Andrija Stampar (1888-1958) was born and educated in Yugoslavia. During his career he was especially interested in health and social medicine and wrote extensively on those subjects. He was rector of Zagreb University, first vice-president of the Economic and Social Council of the U.N., and in 1948 the first president of the World Health Organization of the U.N. The Peoples' Health School in Zagreb today bears his name.

Yugoslavia issued the stamp honoring Dr. Stampar in 1970.

Text: Dr. Joseph Kler
Stamp: Minkus Publications, Inc., New York

Family Physicians Gain

Medical Tribune Report

KANSAS CITY, MO.—A total of 413 family physicians have graduated from approved family practice residency programs, according to a survey conducted by the Education Division of the American Academy of Family Physicians. Family practice residents in training programs totaled 1,771, an increase of 756 over 1972.

. . . brief summaries of editorials or guest editorials in current medical journals.

Police, Researchers, MDs

"It wss most heartening to rend n recent report in the daily press of a survey of the California public's confidence in many of society's basic institutions and to note that the level of confidence of the California public in the medical profession is very high, exceeded only by research scientists, snd interestingly enough, the locnl police department. The report indicated substantially less public confidence in such otber basic institutions as the Supreme Court, Congress, the news media, collegea, churches, the public school system, nrganized labor or the State Legislature.

". . . The evidsot and apparently growing trust and confidence of the California public in the medical profession of this State as one of society'a basic inatitutions place a great responaibility not only upon individual physicions but upon the Colifornia Medical Associntioo as the primory organizational instrument of California's physicions. It would seem that now may be the time to begin to develop further the concept and the role of the organized medical profession as 'physician to society.'" Malcolm Wotts, M.D., editorial. *(Calif. Med. 119:71, August, 1973.)*

Retiring Physician

"Wbat should the senior doctor be doing as bis years advance? It is tbe belief of this writer that he should be enthusiastically planning for a second career. . . .

"The mao in medicine, bowever, is different from the man in busioess and lo industry, for few bave to completely retire if they wish to continue in some capacity. There is always medical work for a physician to do. As the writer views the situation of the older physicians, they fall into the following four categories:

"1. Those who have nlways had teaoings to do other things in addition to medicine and cenoot wait to stop and get out, aod particulnrly those with well-developed avocatioos end hobbies. Perhaps for these, retirament should be between 60 nnd 65.

"2. Those who have always planned to travel aod write but have oever bad the propar amount of time to spend becouse of the demands of work and practice, and alao perhaps teaching. These should not wait too long to retire. Perhaps 65 to 70 is an appropriate age.

"3. Those who have always eojoyed practice and hove accumulated an estate sufficieot for ao adequote retirement iocome but definitely atill are thinking only of today and not of tomorrow. These are tbe noes who are going to have to be reminded that tbey will not live forever and start thinking abont retirement.

"4. Thoae who have so many financial obligations they must contioue to work for ends to meet. Thia is a very unfortuoate group, who have a difficult problem to solve. These are the ones who may 'die in harness.'" Alfred R. Shands, Jr., M.D., editorial. *(Delaware Med. J. 45:237, August, 1973.)*

Challenge to Acupuncture

We must now take a firm, scientific stand. Either acupuncture must be subjected to the closest, objective, and carefully controlled study, or we do not waot to hear about it agaio. If, as it is alleged, near miraculous anesthetic results have beeo achieved in surgery, as in intricate thoracic operations, we must insist thet a team of trained medical observers investigate the matter uoder the strictest scientific conditioos. . . .

Timid little sorties in the medical press either to defend or to denigrate acupuncture have bad their day. We now demand cold, logical, incontrovertible facts, nothing less. Editorial. *(S. Afr. Med. J. 47: 1387, August 11, 1973.)*

California MD Improves Wine By Giving Vines IV Feedings

Medical Tribune Report

PASO ROBLES, CALIF.—"Intravenous feeding" of iron, zinc, and mngnesium may have helped Dr. Stanley Hoffman and his Hoffman's Mountain Winery turn out his first "truly good" Pinot Noir last year, and he hopes to do even better in the future.

Dr. Hoffman, a Los Angeles internist and cnrdiologist for 23 years, recently gave up his big-city practice and is now n part-time grape grower and physician. He had previously been the largely absentee owner of 1,200 acres in the rolling hills west of here, about midway between Los Angeles and San Francisco.

He spends his mornings on the ranch tending the 28,000 vines that produce the grapes for his fledgling Hoffman's Mountain Winery. When his vines have not been doing well and available expertise has not been able to determine the cause of their failure to thrive, Dr. Hoffman admioisters the trace metals along with anything else that might be used in a hydroponic solution, and, he says, it works.

Before his move here last January, Dr. Hoffman was on the clinical faculty at the UCLA Medical School, was chief of medicine at Daniel Freeman Hospital, and wns n staff member nt several other hospitals. In ndditioo, he recalls, he took full advantage of the cultural life of the city.

Although he spends considerable time nt viniculture nnd enology, Dr. Hoffman still practices as the area's sole cardiologist, and one of 15 physicians, serving a popultion of about 20,000. His move from Los Angeles, after a sabbatical at London's Hammersmith Hospitnl, was mnde because he felt the ranch and winery needed closer supervisiun than he could provide from Los Angeles.

But the move wns not without misgivings because ha did not wnnt to give up medicina. He now practices nn entirely different kind of medicine, he snys, but his specialty is a valuable nddition to the community, and "I can still practice quality medicine without compromising my standards."

Viniculture and enology are a new challenga, he aaid. But "it'a a challenge a lot like medicine becnuse there is nlwnys something new and always something different. You cao never learn it all."

Dr. Hoffman acquired the ranch in

1960, but his transition to rancher-physician hns been gradual. He first planted ulmonds and walnuts, good crops in this aren, nnd then, in 1965, decided to try wine grapes. The area here is billy and the aoil is rocky, quite similar to the French wine area of Burgundy, he explained.

Dr. Hoffman now bas 70 acras planted with five varietals—Pinot Noir, Pinot Chardonnay, Cabernet Sauvignoon, Chaney Beaujolais, and Sylvaner.

Statutes to Guard Confidentiality Advised

By NEIL L. CHAYET
Member of the Bar, Massachusetts and District of Columbia

LET US ASSUME that the police officer who appeared in your office last week (MEDICAL TRIBUNE, October 3) asking questions about your patient's criminal behavior has now succeeded in having a subpoena issued, requesting your presence in court to respond to these questions.

Much confusion abounds over the terms "privileged communication" and "confidentiality," and any discussion of the safeguarding of patient information must begin with a clarification of these terms. Privileged communication refers only to a court, legislative, or administrative proceeding, where you have been issued a subpoena or been formally summoned to appear. Once you appear, you may then be asked questions under oath, the answers to which call for disclosure of confidential information about your patient. You should refuse to answer unless the patient has given his consent to the disclosure. You then may be ordered to answer, unless your state is one of those which by law grants the physician the privilege of remaining silent. Some states, such as Masachusetts, grant the privileged relationship only to the "psychotherapist-patient" relationship, defining psychotherapist as a licensed physician who devotes most of his time to the practice of psychiatry.

You should resist all efforts to compromise the physician-patient relationship. If you are ordered to answer and there is no statute allowing you to be silent, I suppose you would then have to answer or face jail for contempt—an alternative which understandably may diminish the importance of physician-patient relationship. You should never give up without a fight, and should initially refuse to answer the questions on the basis of the confidential relationship, until you are informed by the court that there is no such protective statute.

One recalls a classic case of the breach of the physician-patient relationship. A number of years ago, a psychiatrist treated Bernot Mitchell, who had worked for a Russian security agency and who had defected to the Soviet Union. On the day following the defection, Mitchell's psychiatrist appeared before a secret session of the House Un-American Activities Committee and testified about intimate details of Mitchell's life, including marital problems, homosexual habits, and atheistic beliefs. The psychiatrist had been assured that the doctor's testimony would never see the light of day. However, true to form for the Washington scene, the entire transcript of his "secret" testimony appeared on the front page of the *Washington Post*. There followed a marked drop in patient visits to psychotherapists in the Washington, D.C., area and a sudden lack of candor on the part of those who continued their visits.

Breach of Ethics Inquiry

The case was referred for a breach of ethics inquiry to the Medical and Chirurgical Faculty of the state of Marylond; the reply from the Medical Society read as follows:

"It is the considered opinion of the committee that the doctor did not violate the law of Maryland, and that the interests of the nation transcend those of the individual. . . ."

It seems to me that we must view the physician as an extension of the individual himself; since we cannot summon a person to the witness stand and force him to incriminate himself, similarly we should not be able to gain access to information about him through his physician.

The best protection is, of course, the passage of statutes which protect all physicians and their patients. It is interesting to note that the attorney-client relationship is protected in every state without statute and is inviolable, although one wonders what is happening to it in the face of the Watergate hearings.

In the absence of a statute which protects the physicion-patient relationship, professionals are forced to perform all sorts of gyrations to avoid breaching the relationship. I remember one case in which I represented a woman whose husband sought to divorce her. The only evidence of her adultery could come from her psychiatrist, to whom she had described each escapade in detail. Over my protestations, the husband's attorney proposed to call the psychiatrist to the stand. I inquired of the wife whether she had told her psychiatrist anything about her husband's habits which might prove embarrassing to him. When I discovered that she had gone into great detail about matters which might prove embarrassing to this rather prominent public figure, I indicated to the husband's attorney what might come out on my cross-examination. The psychiatrist was never called to the witness stand.

Some doctors make it a point to keep two sets of notes, a device which is often futile in the face of the astute attorney's inevitable question, "Is this your only set of notes, doctor?" Other doctors have told me that they would commit perjury to keep from disclosing confidential information.

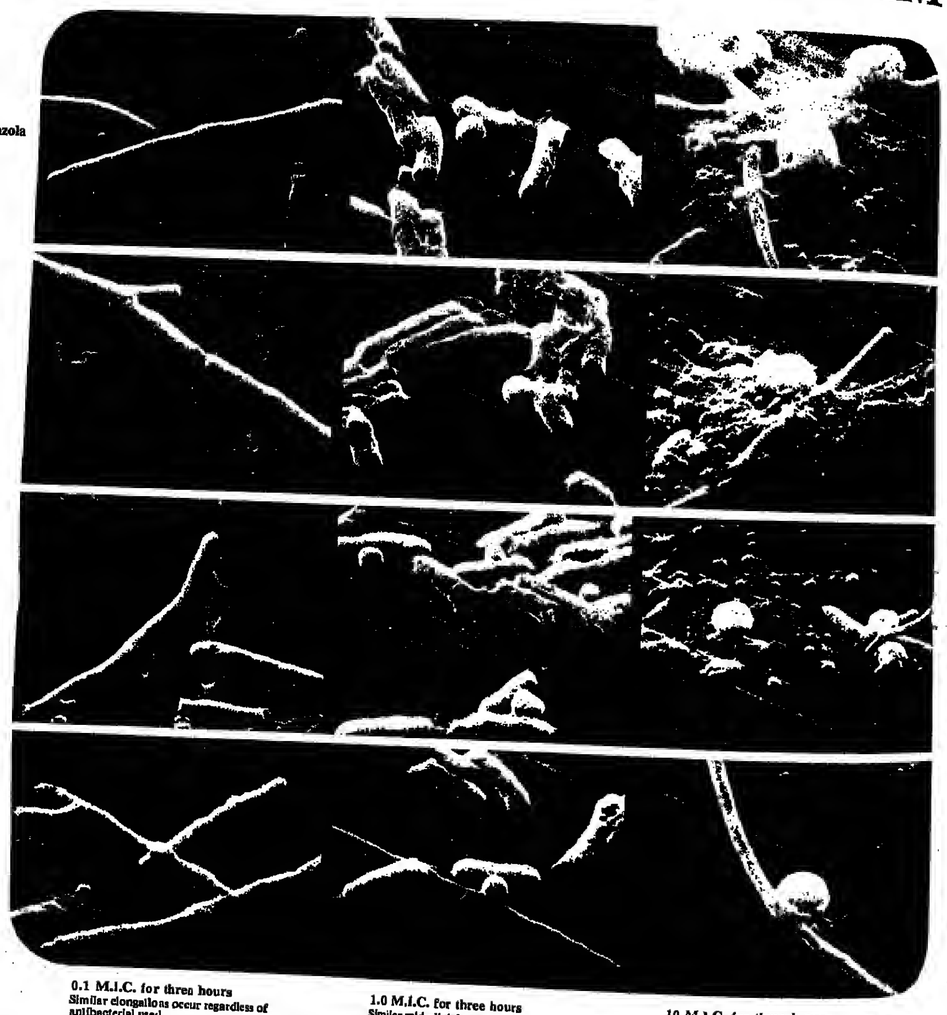
Answer Lies In Statutes

The answer to this problem lies in appropriate state statutes that would safeguard the confidentiality of the physician-patient relationship. Such statutes are not easily enacted, however, largely due to the opposition of the bar association and the judiciary, groups which place a higher premium upon the receipt of information than upon the physician-patient relationship. The history of the recently passed Massachusetts law is a case in point. When initially drafted, it was designed to apply to all physicians and, in fact, to all persons to whom an individual might go to seek help with a problem; such person might be a psychiatrist or a psychologist, marriage counselor or social worker. The more restrictive definition, which included only a licensed physician who devoted a substantial portion of his practice to psychiatry, came about when someone pointed out that a bartender or even a fellow member of Gamblers Anonymous might be able to remain silent under the broad functional language of the bill.

The exceptions to the privilege contained in the bill are indicative of the weighing process which is at the heart of this entire subject. The patient cannot compel silence if the psychotherapist feels that the patient is in need of commitment because he is dangerous to himself or others, if the psychotherapist has examined the patient as a result of a court order, in a proceeding where the patient introduces his mental condition as an elemeot of a claim or defense, in a child custody case where the psychiatrist determines that the mental condition of the patient would seriously impair his ability to provide suitable custody, or in any suit for malpractice brought by the patient against the psychotherapist.

Laws forcing the breach of the confidential relationship between you and your patient are becoming more and more frequent, and those which provide privilege are scarce and more restrictive. Let us remember that, over the long term, society is far better off if disturbed individuals can seek help in privacy for a drug or veoereal disease problem, or for anything that brings them to you.

In Vitro Research and the Three-Dimensional World of SEM



E. coli + sulfamethoxazole

E. coli + tetracycline

E. coli + cephalothin

E. coli + ampicillin

0.1 M.I.C. for three hours
Similar elongations occur regardless of antibacterial used.

1.0 M.I.C. for three hours
Similar midcell defects seen with increased antibacterial concentrations.

10 M.I.C. for three hours
Similar spheroplast-like forms appear with high concentrations of the antibacterials.

The Scanning Electron Microscope (SEM) reveals the effect of certain antibacterials on bacterial morphology

The *in vitro* experiment. These SEM photomicrographs were taken as part of a study exploring the effects of various antibacterials with different modes of action on the surface morphology of bacteria. The scanning electron microscope was used because of its ability to show three-dimensional views of organisms, enabling better definition and appreciation of surface morphology.

For this portion of the experiment, *E. coli* were exposed to the following agents: sulfamethoxazole, a chemical drug which acts by interference with para-aminobenzoic acid utilization; tetracycline, which interferes with intracellular protein synthesis; and cephalothin and ampicillin, which are cell-wall-active drugs. Strains of *E. coli*, each susceptible to the respective antibacterials, were exposed for 15, 30, 60, 120 and 180 minutes, and 18 hours to several concentrations of each agent.

Following the 180-minute or three-hour exposures to the antibacterial agents at 0.1 M.I.C., 1.0 M.I.C. and 10 M.I.C., photoscans of the *E. coli* were taken. As shown above, regardless of the antibacterial agent used or its mode of action, the changes in surface morphology were remarkably similar...elongation at low drug concentrations, midcell defects at higher concentrations and ultimate progression to spheroplast-like forms.[1]

The interpretation. "At present, the significance of these observations in clinical infection must be considered with caution, but it is hoped that these data will stimulate a reevaluation of present concepts of the nature and role of morphological variants of bacteria exposed to a variety of antibacterial factors."[2]

It should be noted that this information represents only *in vitro* research. No clinical significance can be drawn from this study concerning the effectiveness of any of the agents discussed, as it is not possible to extrapolate *in vitro* data to humans. This information is presented to demonstrate the continuing research activities in the area of antibacterials, particularly modes of action and surface morphology.

[1] Data on file, Hoffmann-La Roche Inc., Nutley, N. J.
[2] *Antimicrob. Agents Chemother.*, 1:164, 1972.

Observations from clinical practice

E. coli—Fluorescent stain

Klebsiella sp.—Stain to define capsular envelope

Enterobacter sp.—Gram stain showing characteristic gram-negative rod

Proteus mirabilis—Flagella stain

☐ **Effective control of primary susceptible bacterial offenders**
Gantanol* (sulfamethoxazole) is effective against susceptible strains of *E. coli* and other gram-negative and gram-positive organisms, including *Klebsiella-Aerobacter, Staph. aureus* and *Proteus mirabilis.*

☐ **Prompt antibacterial blood and urine levels—in from 2 to 3 hours**
After an initial 2-Gm adult dose, antibacterial levels usually appear in blood and urine in from 2 to 3 hours. This rapid initiation of effective antibacterial activity facilitates decisive treatment of nonobstructed urinary tract infections, and may also help avert possible sequelae.

☐ **Around-the-clock coverage for 14 days**
Mounting evidence in current medical literature suggests a minimum of 14 days' continuous therapy for urinary tract infection.* Following the initial 2-Gm adult dosage, each 1-Gm dose of Gantanol provides up to 12 hours of antibacterial activity during the treatment period. When cystitis or pyelonephritis is more severe, *t.i.d.* (q. 8 h.) dosage schedules may be needed. Both regimens provide therapy around the clock, especially important during sleep, when normal urinary retention tends to favor bacterial proliferation. And convenient for the patient, as his sleep need not be disturbed for middle-of-the-night medication.

☐ **Also effective in certain nonobstructed chronic and recurrent urinary tract infections**
Nonobstructed urinary tract infections such as cystitis or pyelonephritis—chronic and/or recurrent—develop more commonly in the elderly and debilitated, and response to Gantanol (sulfamethoxazole) is often highly satisfactory. Gantanol is generally well tolerated with relative freedom from complications; the most common side effects are nausea, vomiting and diarrhea. Frequent c.b.c.'s and urinalyses with microscopic examination are recommended during therapy.

*Data on file, Hoffmann-La Roche Inc., Nutley, N. J.

In nonobstructed cystitis due to susceptible organisms

Gantanol® B.I.D.
(sulfamethoxazole)
Basic therapy

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Acute, recurrent or chronic nonobstructed urinary tract infections (primarily pyelonephritis, pyelitis and cystitis) due to susceptible organisms. Note: Carefully coordinate *in vitro* sulfonamide sensitivity tests with bacteriologic and clinical response; add para-aminobenzoic acid to follow-up culture media. The increasing frequency of resistant organisms limits the usefulness of antibacterials including sulfonamides, especially in chronic or recurrent urinary tract infections. Measure sulfonamide blood levels as variations may occur. 20 mg/100 ml should be maximum total level.

Contraindications: Sulfonamide hypersensitivity; pregnancy at term and during nursing period; infants less than two months of age.

Warnings: Safety during pregnancy has not been established. Sulfonamides should not be used for group A beta-hemolytic streptococcal infections and will not eradicate or prevent sequelae (rheumatic fever, glomerulonephritis) of such infections. Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been reported and early clinical signs (sore throat, fever, pallor, purpura or jaundice) may indicate serious blood disorders. Frequent CBC and urinalysis with microscopic examination are recommended during sulfonamide therapy. Insufficient data on children under six with chronic renal disease.

Precautions: Use cautiously in patients with impaired renal or hepatic function, severe allergy, bronchial asthma; in glucose-6-phosphate dehydrogenase-deficient individuals in whom dose-related hemolysis may occur. Maintain adequate fluid intake to prevent crystalluria and stone formation.

Adverse Reactions: *Blood dyscrasias* (agranulocytosis, aplastic anemia, thrombocytopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia); *allergic reactions* (erythema multiforme, skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis); *gastrointestinal reactions* (nausea, emesis, abdominal pains, hepatitis, diarrhea, anorexia, pancreatitis and stomatitis); *CNS reactions* (headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo and insomnia); *miscellaneous reactions* (drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L.E. phenomenon). Due to certain chemical similarities with some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia as well as thyroid malignancies in rats following long-term administration. Cross-sensitivity with these agents may exist.

Dosage: Systemic sulfonamides are contraindicated in infants under 2 months of age (except adjunctively with pyrimethamine in congenital toxoplasmosis).
Usual adult dosage: 2 Gm (4 tabs or teasp.) initially, then 1 Gm *b.i.d.* or *t.i.d.* depending on severity of infection.
Usual child's dosage: 0.5 Gm (1 tab or teasp.)/20 lbs of body weight initially, then 0.25 Gm/20 lbs *b.i.d.* Maximum dose should not exceed 75 mg/kg/24 hrs.

Supplied: Tablets, 0.5 Gm sulfamethoxazole; Suspension, 0.5 Gm sulfamethoxazole/teaspoonful.

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110

MDs Might Be More Helpful If They Tried Diabetes Diets

Medical Tribune World Service

BRUSSELS—Every physician with dinbetic patients was urged to follow their diet himself for two weeks so thet he could better understand what they have to live with for the rest of their lives.

Prof. J. J. Groen of Leiden, the Netherlands, said: "If we want our patients—middle-aged or young—to keep their regimens, we will first heve to realize ourselves what nn enormous—and for children practically unbcarable—infringement of their freedom we impose on them."

A psychosomatic approach to the disease should start at the moment it is discovered, Dr. Groen told the eighth Diabetes Congress. Too often, he said, the doctor begins to explain to his newly discovered diabetic what to do while the patient is still trying to comprehend the fact that he has a chronic illness.

This is hardly conducive to good learning, he commented, and some of the later "cheating" on diet or neglect of medication may stem from insufficient understanding of their importance.

Patients who cheat should be treated the wey psychiatrists treat addicts or delinquents, Dr. Groen recommended. The physician must try to understand, not punishing and threatening but rather rewarding and showing appreciation of ndherence to a regimen.

When blood and urine glucose levels indicate the petient has been cheating, he said, the doctor should induce him to talk about his life situation.

Myeloma Symposium Is Set For Atlanta Oct. 22-23

Medical Tribune Report

BETHESDA, MD.—HEW's National Cancer Institute is sponsoring a Symposium on Mycloma October 22-23 in Atlanta, Ga.

The meeting is sponsored by the National Cancer Institute's Clinical Investigations Branch and the Cancer Clinical Investigation Review Committee, a group of Federal and non-Federal scientists who evoluate new treatments for cancer.

Chairmnn of the symposium is Dr. William C. Levin, Professor of Medicine and director of the Hematology Research Laboratory, University of Texas Medical Branch, Galveston.

Capsule Thermometer

Under development at the NASA Ames Research Center in California is a radio-transmitter capsule to monitor deep-body temperatures via a radio receiver placed nearby. It will allow doctors to check localized temperature changes that could reveal the presence of infection or other disorders.

Surgical Notes

Unnecessary Surgery

MONTREAL—Last year 29,000 hysterectomies were performed in the province of Quebec—as many as in all of Great Britain.

"Were all these operations necessary?" Dr. Sidney S. Lee, of McGill University, asked a symposium on health research priorities in Canada.

"Why does the cataract surgery patient in Quebec stay in hospital four days longer than the same patient in Massachusetts? And do we know whether or not tonsillectomies should be performed and on what clinical basis?"

Some of the money spent on "unnecessary surgery and hospitalization," he suggested, could more usefully be applied to clinical research.

Health services research in all of North America he found to be "chaotic, multicentric, and frequently downright confused."

Dr. Lee, formerly of Harvard University's Faculty of Public Health, is now associate dean in McGill's Faculty of Medicine and is an expert on regional health planning.

Abortion Cost Attacked

THE HAGUE—The prevailing cost of about 350 to 400 guilders (nbout $130-150) for nn abortion at nn authorized clinic in the Netherlnnds has been attacked by a woman member of Parliement. The fee is "out of proportion" to the actual costs of nn abortion, she said, and asked for a government inquiry to determine whether the fee should be lowered on humanitarian grounds.

Limb Center Set Up—

WROCLAW, POLAND—A limb reimplantation and vessel traumatology center has been set up at the Trzebnica Hospital in Wroclaw, one of the first in Europe. Head of the team is Dr. Ryszard Kocieba, leader of a group that attracted attention when it successfully carried out the restoration of a hand completely severed by a circular saw two years ago. The operation, carried out at a small district hospital, was the first of its kind in Poland, according to hospital authorities.

Surgery Used for HBP

ATHENS—Surgical interventioos have been carried out in about 100 patients with different forms of hypertension here over the last 10 years, according to Dr. Efthies Voridis, Professor of Medicine at Athens University and vice-president of the Committee for the Struggle Against Hypertension. Operations have included nephrectomies, revascularization of ischemic kidneys, removal of adrenal tumor, and repair of coarctation of the aorta.

Orthopedists Needed

UTRECHT, THE NETHERLANDS—The Netherlands' 150 orthopedic surgeons are unequal to the growing need for their services in this nation of 13,000,000 persons, according to a statement by The Netherlands Orthopedic Society.

The causes were given as: advances in medical care and sociomedical provisions; greater prosperity among the patient population; increasing incidence of accidents; and a longer life span.

The society said that too many patients are referred to orthopedists because of insufficient education of general practitioners in orthopedics. It also expressed regret that not all university clinics have orthopedic departments; that universities provide inadequate opportunity for research; and that among the new academic hospitals in Amsterdam, Utrecht, and Leyden, only 35 of each 1,000 beds are designated for orthopedics.

Ritalin® hydrochloride©
(methylphanidata hydrachlorida)

TABLETS

INDICATION
Minimal Brain Dysfunction in Children—as adjunctive therapy to other remedial measures (psychological, educational, social)

Special Diagnostic Considerations
Specific etiology of Minimal Brain Dysfunction (MBD) is unknown, and there is no single diagnostic test. Adequate diagnosis requires the use not only of medical but of special psychological, educational, and social resources.
Characteristics commonly reported include: chronic history of short attention span, distractibility, emotional lability, impulsivity, and moderate to severe hyperactivity; minor neurological signs and abnormal EEG. Learning may or may not be impaired. The diagnosis of MBD must be based upon a complete history and evaluation of the child and not solely on the presence of one or more of these characteristics.
Drug treatment is not indicated for all children with MBD. Stimulants are not intended for use in the child who exhibits symptoms secondary to environmental factors and/or primary psychiatric disorders, including psychosis. Appropriate educational placement is essential and psychosocial intervention is generally necessary. When remedial measures alone are insufficient, the decision to prescribe stimulant medication will depend upon the physician's assessment of the chronicity and severity of the child's symptoms.

CONTRAINDICATIONS
Marked anxiety, tension, and agitation, since Ritalin may aggravate these symptoms. Also contraindicated in patients known to be hypersensitive to the drug and in patients with glaucoma.

WARNINGS
Ritalin should not be used in children under six years, since safety and efficacy in this age group have not been established.
Sufficient data on safety and efficacy of long-term use of Ritalin in children with minimal brain dysfunction are not yet available. Although a causal relationship has not been established, suppression of growth (ie, weight gain and/or height) has been reported with long-term use of stimulants in children. Therefore, children requiring long-term therapy should be carefully monitored.
Ritalin should not be used for severe depression of either exogenous or endogenous origin or for the prevention of normal fatigue states.
Ritalin may lower the convulsive threshold in patients with or without prior seizures; with or without prior EEG abnormalities, even in absence of seizures. Safe concomitant use of anticonvulsants and Ritalin has not been established. If seizures occur, Ritalin should be discontinued.
Use cautiously in patients with hypertension. Blood pressure should be monitored at appropriate intervals in all patients taking Ritalin, especially those with hypertension.
Drug Interactions
Ritalin may decrease the hypotensive effect of guanethidine. Use cautiously with pressor agents and MAO inhibitors. Ritalin may inhibit the metabolism of coumarin anticoagulants, anticonvulsants (phenobarbital, diphenylhydantoin, primidone), phenylbutazone, and tricyclic antidepressants (imipramine, desipramine). Downward dosage adjustments of these drugs may be required when given concomitantly with Ritalin.
Usage in Pregnancy
Adequate animal reproduction studies to establish safe use of Ritalin during pregnancy have not been conducted. Therefore, until more information is available, Ritalin should not be prescribed for women of childbearing age unless, in the opinion of the physician, the potential benefits outweigh the possible risks.

Drug Dependence
Ritalin should be given cautiously to emotionally unstable patients, such as those with a history of drug dependence or alcoholism, because such patients may increase dosage on their own initiative.
Chronically abusive use can lead to marked tolerance and psychic dependence with varying degrees of abnormal behavior. Frank psychotic episodes can occur, especially with parenteral abuse. Careful supervision is required during drug withdrawal, since severe depression as well as the effects of chronic overactivity can be unmasked. Long-term follow-up may be required because of the patient's basic personality disturbances.

PRECAUTIONS
Patients with an element of agitation may react adversely; discontinue therapy if necessary.
Periodic CBC, differential, and platelet counts are advised during prolonged therapy.

ADVERSE REACTIONS
Nervousness and insomnia are the most common adverse reactions but are usually controlled by reducing dosage and omitting the drug in the afternoon or evening. Other reactions include: hypersensitivity (including skin rash, urticaria, fever, arthralgia, exfoliative dermatitis, erythema multiforme with histopathological findings of necrotizing vasculitis, and thrombocytopenic purpura); anorexia; nausea; dizziness; palpitations; headache; dyskinesia; drowsiness; blood pressure and pulse changes, both up and down; tachycardia; angina; cardiac arrhythmias; abdominal pain; weight loss during prolonged therapy. Toxic psychosis has been reported. Although a definite causal relationship has not been established, the following have been reported in patients taking this drug: leukopenia and/or anemia; a few instances of scalp hair loss.
In children, loss of appetite, abdominal pain, weight loss during prolonged therapy, insomnia, and tachycardia may occur more frequently however, any of the other adverse reactions listed above may also occur.

DOSAGE AND ADMINISTRATION
Children with Minimal Brain Dysfunction (6 years and over)
Start with small doses (eg, 5 mg before breakfast and lunch) with gradual increments of 5 to 10 mg weekly. Daily dosage above 60 mg is not recommended.
If improvement is not observed after appropriate dosage adjustment over a one-month period, the drug should be discontinued.
If paradoxical aggravation of symptoms or other adverse effects occur, reduce dosage, or, if necessary, discontinue the drug.
Ritalin should be periodically discontinued to assess the child's condition. Improvement may be sustained when the drug is either temporarily or permanently discontinued.
Drug treatment should not and need not be indefinite and usually may be discontinued after puberty.

HOW SUPPLIED
Tablets, 20 mg (peach, scored); bottles of 100 and 1000.
Tablets, 10 mg (pale green, scored); bottles of 100, 500, 1000 and Accu-pak blister units of 100.
Tablets, 5 mg (pale yellow); bottles of 100, 500, and 1000.
Consult complete product literature before prescribing.

CIBA Pharmaceutical Company
Division of CIBA-GEIGY Corporation
Summit, New Jersey 07901 241767-1 17

Reference
1. Charlton, M. H.: *NY State J Med* 16:2058 (Aug 15) 1972.

Chaney Charges U.S. Ignores Medical Needs of Cambodia

Continued from page 1

our aid is doing," he asserted. "Washington has sent no technical help, no material help, no medicines. Everybody says they're doing something, but oobody is. And that's three and a half years after the coup" that overthrew Prioce Norodom Sihanouk, naw in exile in Peking.

Dr. Chaney said that Cambodia's physicians are well trained, hard working, and desperate.

"Io proviocial hospitals, the doctors are working in makeshift buildings, using equipmeot that looks like something left over from the Japanese occupation 30 years ago. You see a patient who has beeo hit in the chest aod has hemothorax, and the doctor daesn't have the suction equipment to drain the chest. He says that eveo if he had the equipment and could treot the wound, the patient would probably die of septicemia because there are no antibiotics."

The press conference was called to oo-oounce an agreement signed by the Thomas A. Dooley Foundation to supply medical supplies and services to Cambodia. The agreement calls on the foundation to ship medicines and equipment for provincial hospitals, to provide a medical laboratory for the physicians and staff who are tryiog to take care of half a million refugees in the capital, and to provide staff for a day-care center for malnourished children io Phnom Penh.

Dr. Chaney said that he has also been trying to get 10 portable disaster emergency hospitals, recently declared surplus by the U.S. Department of Health, Education, and Welfare. The 200-bed hospitals, originally developed for the Civil Defense Program, have complete diagoostic and surgical facilities and could be airlifted to proviocial Cambodian cities, Dr. Chaney declared.

But efforts to get cooperatioo in Washington have "came to zero," he added.

At the Ageocy for International Development, he said, "they questioned the seriousness of the medical problem. I just couldn't get them interested."

Dr. Chaney asserted that AID officials told him they could take no action until they got an opinion from the embassy in Phnom Penh, "but there is no physician in the embassy."

"The AID has a medical consultant, but he hasn't been in Combodia since 1966," he said.

He was asked why the AID was not referred to Cambodian health authorities for a picture of the problem and replied that it was apparently the agency's position that the views of Cambodian physicians would not be "impartial."

Io contrast with the attitude of the American Governmeot, Dr. Chaney disclosed, the Japanese have already sent $200,000 worth of antibiotics, and American pharmaceutical companies are also giving generously.

"I'm at o loss to accaunt for the attitude I met with in Washington," he remarked.

Sen. Daniel K. Inouye (D.–Hawaii) tried to be helpful, "but aside from putting me in touch with what were thought to be the right people, there wasn't much more he could do."

Dr. Chaney, who founded the Thomas A. Dooley Foundation in 1961 to further the work of the late Dr. Tom Dooley, said that he is now planning to turn to the governors of the various states for help.

"There are some 2,100 emergency disaster hospitals distributed among the states. Our plea will now be to the governors to let us have some of these hospitals."

Dr. Chaney, a graduate of Johns Hopkins University, worked with Dr. Dooley in Cambodia and Vietnam and served as surgical consultant to Dr. Albert Schweitzer at the latter's famous hospital in Lambarene, Gnboo.

"As a physician, I tend to take a simplistic view of the Cambodian problem," he told the press conference. "Right or wrong, the United States decided to come to the native support of the Cambodian Government or people. Maybe they'll be free, maybe not. That's for the politicians to decide. But as a physician, I believe that the people of Cambodia have a right to be well."

Refugee girl holds younger brother, suffering from severa malaotrition, in a refugee camp in Kampong Chhnang province, which was visited by Dr. Chaney.

With Market Expanding, Cooper Advises Price Cut For Hypotensive Drugs

Continued from page 1

expensive drug or a very inexpensive drug."

For the patieot who must take three drugs simultaneously to control his elevated blood pressure, this means a charge of $6 in additian to the cost of the drug each time his prescriptiao is prepared which is often every 30 days.

"We feel there are other approaches," Dr. Cooper said, "that can save money for the patient without seriously causiog a handicap or reduction lo income to the people lovolved lo the manufacture aod transmission of the pharmaceutical ageot."

DR. COOPER

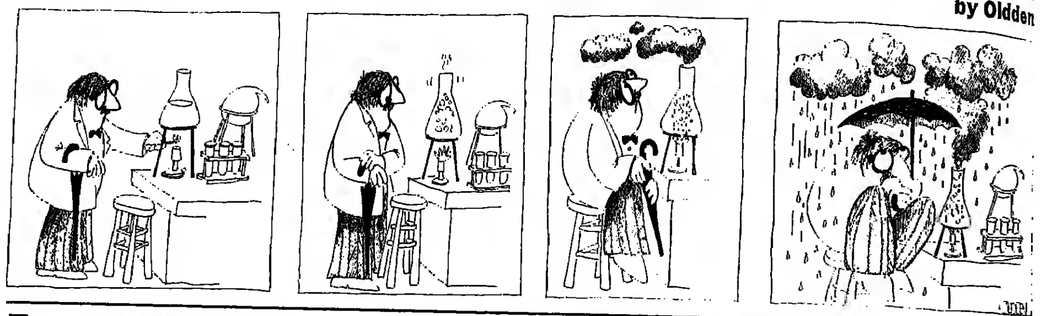
Dr. Cooper suggested that either the handliog coat for preparing antihyperiosive drug prescriptions be reduced or the usual period (30 days) between prescriptions be exteoded "to some appropriate number that is acceptable to the physician and the patieot." He added that the answer may lie in a combination of these.

"I'm not in favor of reducing profit," Dr. Cooper said. "But in the free-enterprise system, as the market expands, very often the price comes down per *unit*.

"I would thiak they [the pharmaceutical manufacturers] should respond in that way—I think they will."

Clinical Trials

by Oldden



Expert Hits Qualms on Diagnostic Radiology

Medical Tribune Report

WASHINGTON—Suggestions that diagnostic radiologic procedures and exposures should be cut in half are "folly and arrant nonsense," Dr. Richard H. Chamberlain told the International Radiation Protection Association meeting here.

Dr. Chamberlain, chairman of the Department of Radiology at the University of Pennsylvania, was responding to warnings concerning the danger of overexposure in diagnostic radiation.

The warnings came from a variety of speakers at the five-day conference, including consumer activist Ralph Nader, who charged that patients are receiving 10 times more radiation than necessary from diagnostic x-ray procedures.

What affected Dr. Chamberlain most, however, and caused him to add strong words to a prepared text, was the calculation of Ralph E. Lapp, Ph.D., that at current dosage rates, there will be some 100,000 iatrogenic cancer deaths related to medical diagnostic radiation by the year 2000.

Charging that the nuclear physicist had "strayed from his area of competence," Dr. Chamberlain declared that Dr. Lapp's calculation was based on many assumptions "and is not scientific fact."

200,000 Procedures Done

Nearly 200,000 diagnostic radiation procedures are carried out at the Hospital of the University of Pennsylvania each year, Dr. Chamberlain said.

"We not only interpret the films and do the associated procedures and fluoroscopies, but also know what the patients are being studied for," he went on.

"In a large proportion of the cases, we personally consult with the other physicians involved regarding the original problem and its follow-up. Beyond any shadow of doubt, our examinations are either *the* vital factor or a major one in saving tens of thousands of lives per year."

To suggest that such examinations should be cut in half not only is "folly and arrant nonsense," he said, but also would "literally be condemning tens of thousands of patients to misery and untimely death—and for a highly dubious hypothesis of exaggerated emphasis."

Dr. Chamberlain observed that the true value of a diagnostic aid, such as radiology, cannot be measured in mortality statistics alone.

"The quality of life and the sense of well-being and health of the individual is of primary concern."

He cautioned against the imposition of rigid rules regarding medical radiology because "in a high proportion of radiological examinations one cannot anticipate the beneficial yield until after the examination has been performed, and omission of a vital examination can lead to a disaster far more important than a possible or statistical risk from the radiation exposure."

"I will wholeheartedly urge that every effort be expended to ensure that considered judgment is used in each decision for radiation use," he said, "but I view as folly emphasis on expensive, elaborate, and essentially useless programs of national record keeping of medical exposures, simplistic rules as to the justification of abortion on a radiation basis, and undue emphasis on radiation protection programs in areas which should be using their energies to furnish more medical radiological diagnosis for their people."

Noting that he has spent a major part of his life urging "thrift" in the use of radiation, Dr. Chamberlain stated that it is not "easy or cheap" to cut procedures or exposures in half, as had been suggested.

"It may well cost three times as much or more for the same diagnostic information," he said.

"If I were a patient denied such benefits by any such simplistic folly, I'd take out after the person responsible with an ax."

Residency Program Funded

Medical Tribune Report

ST. LOUIS—HEW has awarded $348,000 to Washington University School of Medicine here to develop and operate a residency program in primary care to help internists and pediatricians qualify for board examinations in internal medicine and pediatrics.

MD Must Consider Drug Abuse A Possibility in Teen 'Jocks'

Medical Tribune Report

CLEVELAND—Physicians should not overlook the possibility of a drug habit in young men who are participating or have participated in team sports, Dr. Paul G. Dyment said here.

Just because a boy is a "jock," he is not immune to abuse of drugs, especially amphetamines, he told a Cleveland Clinic sports symposium.

Dr. Dyment, who is in the department of pediatrics and adolescent medicine at the clinic, reported that a survey of 154 male high school graduates who were interviewed at the Free Clinic here showed that 60 per cent claimed to have participated in varsity sports—22 in football, 15 in baseball, 14 in track, and lesser numbers in other sports.

"We felt this was a higher number than in an average group of boys, and probably there was some embellishment," he commented, "but at least it shows there is a chance of them winding up" as drug abusers, "and we should do everything we can to prevent this."

He played a tape-recorded interview with a former varsity football player in high school who said he began taking amphetamines before games because "it made me feel I had incredible stamina. . . . I felt it increased my athletic ability, and the coach was not looking for it."

This boy has gone on to the practice of "mainlining" heroin, Dr. Dyment said.

Muscle Fatigue Not Delayed By Use of Amphetamines

Medical Tribune Report

FARMVILLE, VA.—"Ingestion of D-amphetamine will not significantly delay the onset of local fatigue in most cases of muscular work," according to Gerald P. Graham, Ph.D., of Longwood College here.

Noting that most physical activities use the isotonic movement of muscles, he said that in a double-blind study he found no significant decrease in muscular fatigue during isotonic work. The study was conducted while the investigator was at Kent State University, Canton, Ohio.

After 18 male college students ingested 15 mg. of D-amphetamine sulfate, the integrated action potentials produced by isotonic work of the triceps brachii were not significantly lower than those produced when no capsule or placebo was taken. Dr. Graham assumed that a "decrease in the amount of integrated action potentials at a specific load indicated greater muscular efficiency at that load." The drug, therefore, did not appear to alter isotonic contractile efficiency.

During isometric contractions of the triceps of another 18 men, however, the same dosage of D-amphetamine sulfate did significantly decrease integrated action potentials. The significant decrease occurred when the D-amphetamine means were compared with the control means but not when compared with the placebo means.

In a few activities that require isometric work, "such as static exercises in gymnastics and wrestling, or work involving heavy resistance whereby the movements are not rhythmic," D-amphetamine "could prolong endurance and increase the strength of the individual," Dr. Graham explained.

IMMATERIA MEDICA

By DUDLEY STRAUS

What's in a number?

We're beginning to think that the Martians may have already landed here, numbered rather than named, and anxious to make contact with one another. But why through this column?

In May we reported our first communication from a number—this one at West Virginia University Medical Center in Morgantown. We erroneously read the number as 36100 over 83005005 (this is important) and subsequently printed a correction from the number, which wanted to be spelled correctly as 36100 over 83005005.

Now we've received the following letter from an unidentified part of Chicago (not even a zip code number) addressed to the original number, care of us:

"Dear 36100 over 83005005:

"I think you are to be congratulated on the natura way you resolved your identity crisis in the August 22 Immaterio Medico.

"These stressful situations do occur, and when they do, they are often accompanied by acute psychic challenge.

"I know a perfectly charming alpha-numeric who once suffered an accidental prefix omission. As you might well imagine, it took years of therapy for her to regain an acceptable self-image. At one point in her treatment, she regressed so far that she could be reached only with simple quadratic equations!

"I also know of a pure odd-integer digital who was somewhat casually converted into a metric equivalent. Imagine his anguish and despair when he discovered that not only had his decimal been *mis*placed . . . his lost two digits had been rounded off, as well!

"If I seem a bit emotional about these matters, a glance at my signature will explain why.

Good Luck!
36100
~~83005005~~"

Our problem is our uncertainty about the propriety of becoming a letter drop for numbers, "charming alpha-numerics" or not. What are they up to? Are they planning to take over the country? Move in on the imported tulip bulb racket?

Any advice about when we should call in appropriate investigative agencies would be appreciated, along with some notion about which agencies are the ones for the job.

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Lawyers! The University of Southern California held a summer institute entitled "The Psychiatrist as Expert Witness and Consultant in Civil and Criminal-Legal Issues." We were somewhat taken aback by a listing, among the faculty, that read:

"Dorothy K. Davis, Esquire."

Unsure of our ground, we first called the New York Bar Association to find out whether this was proper; the answer was No.

Next, we called the New York Women's Bar Association with the same question; the answer was Yes.

Clearly, our next step is the Supreme Court.

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And while we're on odd formulations, we note that a "Momo to Newsman" about a meeting of the American Roentgen Ray Society said: "The News Room is Rooms 342 and 344."

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The fifth Buffalo (N.Y.) Conference on Computers in Clinical Medicine is being held at the end of the month. We were particularly taken with the last item in the program's section called "General Information":

"Canadian physicians should remove narcotics to avoid difficulty at customs inspections."